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ABSTRACT

This Kids Count report is the second in a series examining statewide trends in the well-being of Indiana's children. After an introduction and an explanation of the statistics, sections of the statistical report contain data on several indicators of well-being: (1) Indiana's children and their families, including population estimates, ethnicity, and households; (2) economic well-being, including overall unemployment, youth in the labor force, and youth unemployment; (3) poverty, including poverty rates and utilization of programs to assist poor families; (4) child abuse and neglect, focusing on fatalities, the child protection system, and the Marion County consent decree; (5) education, including high school graduation, dropouts, retention, at-risk programs, and education reform; (6) health and well-being, including prenatal care, low birthweight, immunizations, lead poisoning, and health insurance; (7) infant, child, and teen deaths; (8) high-risk behaviors during the teen years, including sexual behavior, pregnancy, sexually transmitted diseases, and substance use and abuse; and (9) juveniles and the law, focusing on the Uniform Crime Report, and teens as victims. The report concludes that statistical indicators suggest that the well-being of Hoosier children and adolescents is not improving much overall, and in some areas, is worsening. The report's appendix presents indicators, data sources, and county-level data tables. (Contains approximately 100 references.) (KB)

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Kids Count in Indiana

1995 Data Book

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About Kids Count in Indiana

The **Kids Count in Indiana** initiative is one of 51 state and District of Columbia projects supported by four-year grants from the Annie E. Casey Foundation. Nationally, KIDS COUNT has developed a set of statistical indicators chosen to help Americans understand better the problems faced by their young people and to foster greater commitment to improving outcomes for vulnerable children and their families. Each state KIDS COUNT project brings together the best available data to create a profile of the health and economic, educational, and social well-being of that state's children.

Kids Count in Indiana is a four-year initiative of the Indiana Youth Institute. **Kids Count in Indiana** seeks to

- inform the public and policymakers about the needs of Indiana's children,
- advocate for the agencies and adult professionals who work on behalf of Hoosier youth,
- inform policymakers about the need for high-quality, timely information, and
- inform and empower young people to be advocates on their own behalf.

This ***Kids Count in Indiana*** *1995 Data Book* is the second in a series of annual profiles of child well-being in Indiana. Like its counterparts produced through the other state projects, the Indiana data book includes a core set of national KIDS COUNT statistical indicators. Through 1994, these indicators included: percent of children in poverty; percent children in single-parent families; percent graduating from high school; percent teens not in school and not in the labor force; percent of all births that are to single teens; percent low birthweight babies; infant mortality rate; child death rate; teen violent death rate; and juvenile violent crime arrest rate. Several of these indicators will change in the national data book for 1995.

The national KIDS COUNT indicators are supplemented by data related to issues of special concern in the state of Indiana. Statewide data are included in the text; figures for each of the state's 92 counties are included in tables in the Appendix.

The ***Kids Count in Indiana*** *1995 Data Book* is part of the Indiana Youth Institute's continuing commitment to compiling and disseminating accurate and complete statistical information. We share the data producers' and users' frustrations with the quality of some of the data and the length of time it takes to complete analyses. The figures reported here range from 1992 to early 1995. The *1995 Data Book* shows that most of the state's young people are prospering most of the time. They are healthy, and they are being nurtured in safe homes and secure neighborhoods. They are doing well in school, and they are staying out of trouble with the law. But, the figures also show, too many are not – and their numbers are growing. For too many Hoosier children and adolescents, the future is already compromised.

Acknowledgements

Compiling information and writing a book such as this are never easy. The burden was made lighter by a lot of help from the many people who supplied the numbers: the public officials and statisticians in state government from the Family and Social Services Administration, Department of Correction, State Department of Health, Department of Workforce Development, Department of Education, the Division of State Court Administration of the Supreme Court of Indiana, the Office of the Governor, Legislative Services Agency, Indiana State Data Center and Indiana State Library. More help came from staff members in the Indiana Business Research Center at the Indiana University School of Business, Indiana Education Policy Center, Indiana Prevention Resource Center, Office of Civil Rights of the U.S. Department of Education; Federal Bureau of Investigation, Indiana Legal Services Organization, Indiana Historical Society and Indiana Association of United Ways.

Compiling and writing were only part of the task. Many people critically reviewed all or parts of the many drafts of the Data Book: Jim Beall, Jerry Burkman, Susan Dorrell, David Ellsworth, Cathy Graham, Cynthia Grandia, Gayle Hall and associates at the Indiana Education Policy Center, Robert Hoke, Dennis Jackson, Jan Lindemann, Keith Main, Loretta Oleksy, Carol Rogers, Tom Rugh, Steve Sellers, Marcella Taylor, Evelyn Ridley Turner, Carlis V. Williams, Jim Williams and IYI colleagues Janice Hicks Slaughter, Doreen Smith and Ralph Taylor. Colleagues Kelli Webb and Richard Swan labored over the numbers, and Joseph Huse, Stephanie Hasbrouck, Twyla Hopkins, Lianne Somerville and Todd Boyll checked the figures. Jean Rose's work as editor and Judy Reuter's work as designer have made this a much more interesting and readable report. We are grateful to them all.

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Copies of this publication may be purchased for $12, plus $3 for postage and handling, from the Indiana Youth Institute, 333 North Alabama Street, Suite 200, Indianapolis, Indiana. Quantity discounts available.

About the Indiana Youth Institute

We believe that the state of Indiana can and should become a state that genuinely cares about its young people and that its national reputation should reflect that concern and commitment.

To enhance that commitment, the Indiana Youth Institute (IYI) works with adults who care about youth.

- IYI advocates for better service for Indiana's young people, both directly and in collaboration with others.
- IYI develops strategies to increase youth-serving professionals' knowledge, caring, and competence.
- IYI cultivates and supports innovative projects that hold promise for improving the lives of Indiana's young people.

We believe that the key to the success of young people is in the hands of the adults who care about them.

IYI is an intermediary agency that supports youth-development professionals and decision-makers with advocacy, research, and training.

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Kids Count in Indiana

1995 Data Book

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Why count Indiana's kids?

The good news is that 99% of Indiana's newborns reached their first birthdays; 84% of children younger than 18 were not living in poverty, and 98% were not abused or neglected; 93% of Hoosier 15-to-19-year-old girls did not become pregnant; 94% of the state's 10-to-17-year-olds were not arrested; and 97% of 7th-to-12th-graders stayed in school.

The bad news is that 785 newborns *did* die before the age of one; 234,500 Hoosier children younger than age 18 *were* living in poverty, and 30,057 *were* abused and neglected; 14,310 girls ages 15 to 19 *did* become pregnant; more than 37,645 juvenile arrests *were* made; and, 13,402 students *did* drop out of grades 7 to 12.[1] The bad news also is that most of these indicators are not improving, and many other statistics suggest that the well-being of Hoosier children and adolescents is not improving much overall, and in some spheres, is getting worse.

Kids are counted because statistical indicators such as those cited above can show stakeholders in the future of Indiana how well the state is now doing by its children and families. Statistical indicators allow comparisons between past and present and can provide vital information to guide future changes in policy and practice.

As the end of the century and millennium approaches, Americans have begun to take stock of themselves and the state of their children. Many do not like what they are finding. The 20th century was ushered in as the "century of progress" that would bring the nation to new heights of accomplishment and well-being. And indeed, technological marvels have astounded us: organ transplants, the end of smallpox and the near eradication of many other dread diseases, men on the moon and women going into space as well, television in nearly every home, and millions of homes and businesses in almost instant contact by telephone, FAX, and computer networks.

But the blessings of the possible are unequally distributed, for less progress has been made in the social arena. Universal free public schools that were once the nation's pride have become one of the nation's dilemmas as educators attempt to deal with the young casualties of crumbling families and neighborhoods. For a time, the nation hoped it might win the war on poverty, but battle plans sometimes have been flawed and nearly always underfunded, and decision-makers have been unwilling to sustain crusades that worked and to abandon those that did not.

Numerous reform strategies have been set in motion in an effort to beat the clock as the year 2000 approaches. There are National Education Goals, Healthy People 2000 Objectives, "ending welfare as we know it," and most recent, the 100-day "Contract with America" – to name but a few. Most of these approaches have a declared mission to improve the prosperity of the nation and the well-being of American children and families. To date, however, implementation of reform measures has often failed to demonstrate real, measurable progress that supersedes the rhetoric of the designers.

Thus, as the nation approaches the year 2000, the observation expressed in the Bible (Deuteronomy 15) some 30 centuries ago remains true: "There will always be some among you who are poor." But as a people, Americans seem to be finding it increasingly difficult to accept that same Biblical writer's assertion that the "haves" bear profound and enduring obligations to relieve the distress of the "have-nots": "If . . . there are any among you who are poor, you must not shut your heart or hand against them."[2]

This report focuses on measures of outcomes, many of them "rotten outcomes," to use the words of Lisbeth Schorr.[3] "Rotten outcomes" are evidence of the problems facing children and their families. Current political bombast to the contrary, Schorr asserts, there are humane, effective programs that can greatly reduce or even eliminate many of society's ills. But, as Karen Pittman notes,

> *In and of itself, there is nothing wrong with a bottom line focus on reducing "rotten outcomes." The problems facing children and youth in this country are real. But deciding on this focus without engaging in discussion and debate which puts these outcomes in the context of broader goals for*

> *development is troublesome. "Problem-free" is not just an inadequate goal for youth, it is a goal which, if let stand, leads to too narrow a definition of possible solutions, implementors, and stakeholders.*
>
> *Defining the goal as youth development, however, leads to a different equation. Development suggests continuity and nurturing, and leads to long-term strategies that balance services with supports and opportunities. . . . A focus on supports and opportunities . . . reinforces that the responsibility and resources for change must remain in the hands of those who are closest to the daily lives of children and families.*[4]

About the statistics in this report

Sources of information

Kids Count in Indiana and the Indiana Youth Institute (IYI) did not generate the basic statistical information contained in this report. Demographic and economic data come from the U.S. Bureau of the Census – both the decennial censuses and the annual Current Population Surveys (CPS) – and the Bureau's Indiana affiliate, the Indiana Business Research Center at the Indiana University School of Business. The well-being of Indiana's children and their families is measured through information from such Indiana public agencies as the State Department of Health, the Department of Education, the Department of Workforce Development, the Family and Social Services Administration, the Department of Correction and the Supreme Court's Division of State Court Services.

State agency data are supplemented with information from such federal agencies as the Centers for Disease Control and Prevention, the Federal Bureau of Investigation and the U.S. Department of Education. Additional information comes from university and private-sector research centers such as the Indiana Education Policy Center, the Urban Institute, the Alan Guttmacher Institute, the Center on Budget and Policy Priorities, and the national and other state Kids Count initiatives. All data sources are identified in the Notes section following the text.

Reporting by race and ethnic group

IYI shares the concerns of many about the alarming differences in statistics when children of color are compared with white children on such indicators as dropping out of school and teen pregnancy. There is a tendency to interpret such differences as racial in nature. However, research shows that socioeconomic status factors – particularly living below the poverty line – are much more powerful than race or ethnicity in predicting differences among groups. Because the original sources of data used in this report do not take socioeconomic status into account, IYI has elected not to publish comparative racial and ethnic information for many important variables. The instances where racial/ethnic analysis *is* included in this report raise questions about differential treatment of people of different backgrounds.[5]

Accuracy in reporting

Simply put, the statistics reported in this data book are only as accurate as the *original* data gatherers could make them. The quality and completeness of the data reported varies, as do the sources of error. There are always random errors in recording information on documents such as birth certificates and agency intake forms. Other errors may stem from differing definitions used by the individuals who record the information (when is a student a "dropout," for example). In other instances, particularly where reporting is voluntary, the data may be incomplete (for example, so many Indiana law enforcement jurisdictions fail to send in reports of arrests to the FBI that state-level information on juvenile crime is essentially speculation).

Some reports are based on information gathered from samples of the population described. Statistics produced by such studies are subject to sampling error; in general, the larger the sample, the smaller the potential range of error. A characteristic of the national population, for example, is measured in

Current Population Surveys through carefully drawn samples of 60,000 families. Of those families, only a few hundred are from Indiana. Consequently, the national sample may accurately reflect that characteristic in the national population, yet not accurately reflect that characteristic among Hoosiers. Researchers may also average sample statistics over two or three years to try to minimize the effect of sampling error or random fluctuations from a single year to the next. Research reports generally include error measures for their figures.

The compilers of this report have made every effort to be accurate in publishing the statistical data as they were received from the original sources. Serious problems with data quality are discussed in the text. Additional information about indicators, data problems or data sources is provided in the endnotes. Sources and descriptions of the county-level data are included in the Appendix.

Indiana's children and their families

Population estimates

Americans have been counted at the end of every decade since 1790. Over the years, the decennial census has become much more than a head-count, and with annual surveys between census years, the U.S. Bureau of the Census has become the nation's most extensive source of information about its people. Each census has found an increase in the number of Americans and has documented that the pace of growth has differed over the years – for the nation and in different areas of the country. Population change is influenced by four factors: numbers of births, numbers of deaths, numbers of persons migrating in and numbers migrating out. In the years between censuses, prior trends in these four components are used to estimate national, state and county populations.

The population of Indiana was estimated to be 5,658,000 in 1992 and at 5,706,000 in 1993, up from 5,544,160 in 1990. Indiana's estimated 2.9% rate of increase between 1990 and 1993 was slightly slower than the 3.6% rate of increase estimated for the nation as a whole.[6]

The projected population of Indiana in 1995 is 5,821,000; this gives Indiana 2.21% of the projected population of the United States. Projections place Indiana 14th among the 50 states and the District of Columbia (DC), the same rank Indiana held in 1990. Indiana is projected to retain this rank well into the next century.[7]

Population growth was uneven throughout the state. Between 1990 and 1993, suburban Hamilton, the state's fastest growing county, grew an estimated 17%, followed by suburban Johnson County with a growth of 10%. Most counties experienced more modest growth, and some shrank slightly. For example, the populations of Starke and Miami Counties declined by nearly 2%.[8]

Indiana's child population has grown more slowly than that of the nation. From 1,455,964 in 1990, the Hoosier child population grew to an estimated 1,466,000 in 1992, and 1,469,000 in 1993. The state's child population increased by less than 1% between 1990 and 1993.[9]

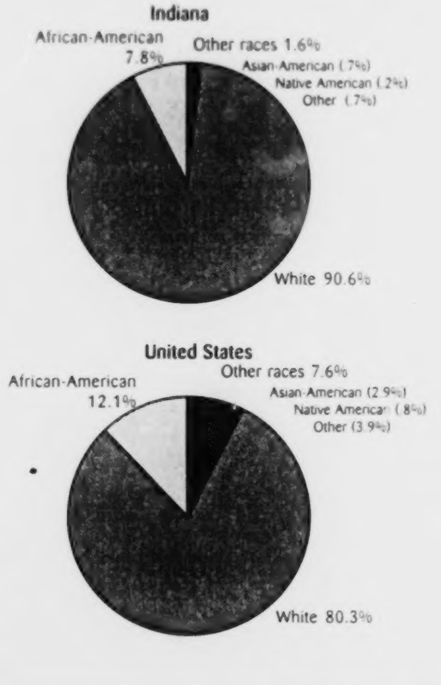
Ethnicity

The population of Indiana is not as diverse as that of many other parts of the country. The 1990 census found that nine in ten Hoosiers were white, compared with eight in ten nationally (Figures 1a and 1b). African-Americans are the largest community of color, with 7.8% of the population in 1990. All other racial groups combined accounted for less than 2% of the state's population. Hispanics/Latinos, who may be of any race, constituted 1.8% of Indiana's population, compared with 9% nationally.[10]

The population of Hoosiers younger than age 18 is slightly more diverse than the total population. In 1990, the Hoosier child population was 9.9% African-American, .7% Asian-American, .3% Native American, 1.1% of other races, and 2.5% Hispanic/Latino.[11]

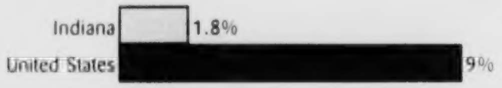
The proportion of minority youth in Indiana was 14.4% in 1990 and is projected to reach 17% by the year 2000, and 19% by the year 2010.[12]

Figure 1a. Population by Race, U.S. and Indiana, 1990



SOURCE: U.S. Bureau of the Census

Figure 1b. Hispanic/Latino Population, U.S. and Indiana, 1990



SOURCE: U.S. Bureau of the Census

Hoosier households

The U.S. Census of 1990 found that 79.8% of Hoosier families with own children younger than age 18 were headed by married couples persons and 20.2% were headed by a person – male or female – without a spouse present in the home. "Own" children are unmarried children younger than age 18 related to the family by birth, marriage or adoption. Between censuses, the proportion of children in single-parent households is estimated from the Current Population Survey (CPS). The national KIDS COUNT estimates are based on three-year moving averages of CPS data: that is, the KIDS COUNT estimate for 1992 is an average of CPS data for 1991, 1992 and 1993.

According to the national KIDS COUNT estimate for 1992, nearly 3 in 10 Hoosier children (29.0%) were living in a household headed by a single parent, up from 21.5% in 1985.[13]

Only four states had higher proportions of children living in single-parent families than did Indiana in 1992. Some, but not all, of the growth can be accounted for by increases in nonmarital births. Elsewhere, divorce has also accounted for part of the increase, and it is plausible to assume that this could be true in Indiana as well. How divorce statistics affect the proportions of children living in single-parent families remains speculation, however, since Indiana is one of only four states in the nation that does not compile divorce statistics.[14]

Economic well-being

Indiana's economy

By a number of measures, Indiana's economy has recovered from the most recent recession. Unemployment is low, large plant closings appear to have slowed, and new jobs are coming into the state. Indiana faces two related challenges: 1) upgrading the skills of the workforce to meet higher demands of emerging technologies and 2) attracting new, well-paying jobs to the state. Even greater is the challenge of creating solutions that will work in tandem. When new companies come into the state, for example, inducements such as tax relief should be linked to responsibilities for the well-being of the workforce and the communities where they locate.

Indiana still relies heavily on manufacturing jobs to support its citizenry. As the nature of many of these jobs has changed, compensation has shifted from high hourly wages that could sustain a middle-class family lifestyle to hourly wages that barely keep families above the poverty level. Growth in income among Hoosier families continues to lag behind that of American families generally. Compared with the nation as a whole, the 1990 census found incomes in Indiana more concentrated in the middle range. Indiana had smaller proportions of very poor families and very rich ones. Both of these groups were growing, however, suggesting that Indiana may be moving toward an increasingly polarized economy.

Indiana's labor force

Nearly three in ten Hoosiers are employed in the state's manufacturing sector, well above the national average of two in ten (Figure 2). The service sector and retail trade are also large sources of employment, but not as dominant as elsewhere in the nation.[15]

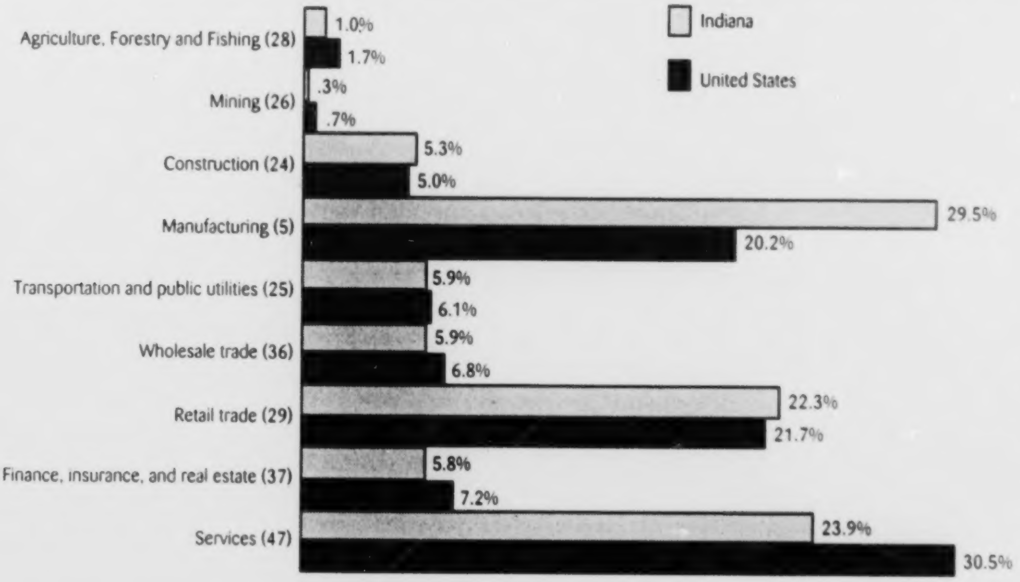
Unemployment

During 1993, the annual average unemployment rate in Indiana was 5.3% of the civilian labor force. This rate was considerably lower than that for the midwest region (6.0%), and for the United States as a whole (6.8%).[16]

Estimates for January 1995 found that seasonally adjusted unemployment in Indiana had dropped to 4.0%, compared with 5.7% in the nation.[17]

Final estimates for 1993 found unemployment unevenly distributed in Indiana. Rates in counties with the highest unemployment – Crawford, 10.4%; Randolph, 9.9%, and Blackford 9.5% – were more than triple the rates in counties with the lowest unemployment – Hamilton, 2.4%; Hendricks, 2.5%, and Brown, 2.9%.[18]

Figure 2. Distribution of Employment by Industry, Indiana and the United States, 1992



Note: Indiana's rank among the 50 states and DC in parentheses.

SOURCE: *Indiana Fact Book* 1994-95, Indiana University School of Business, Indiana Business Research Center. Based on data from U.S. Bureau of Labor Statistics.

Per capita personal income

The quality of consumer markets and the economic well-being of a given area is often measured by the annual per capita personal income of its residents. The annual per capita personal income of Hoosiers, at $19,161 in 1993, continues to lag behind that of the nation ($20,781). The gap may be closing slightly, however, for annual per capita personal income in Indiana grew 36.3% between 1987 and 1993, compared with growth of 32.9% for the nation as a whole during this period. In 1993, Hoosier annual personal income was 92.2% of the U.S. average, up from 89.9% in 1987.[19]

Youth in the labor force

Some six in ten students work, and some students' incomes are vital to household economies. For the majority of students, however, work is part-time and income goes toward a college fund – or more likely, toward the support of their consumption habits.[20] The need or desire to earn money was the reason given by 742 Hoosier students (5.6%) leaving school prior to graduation during the 1993-94 school year. In a job market that demands increasingly complex skills, lack of a high-school diploma will almost surely compromise these students' earnings throughout their lives.

A study of the nation's full-time, year-round, but low-income workers, for example, found that not quite 20% had a high-school education in 1974. By 1990, the proportion with high-school diplomas had grown to 36%.[21] Another study of lifetime earnings found that workers with less than a high-school education could expect to earn about $609,000, while high-school grads could expect lifetime earnings of $821,000. Expected earnings jumped to $1,421,000 for persons with baccalaureate degrees, and rose again, to $3,013,000, for persons with professional degrees.[22]

Youth unemployment

Just over half of the nation's 16- to 19-year-olds were in the nation's labor force in 1993.[23] Of these, 19% were unemployed, compared with an unemployment rate of 6.8% among workers of all ages. The national rate was 16% for white youths, but more than double – 39% – for African-American youths, and 26% for Hispanic/Latino youths. The same pattern prevailed in the Midwest Region, which had a total unemployment rate of 6% and a youth unemployment rate of just under 16%. Among white youths in the Midwest, the rate was 13%, among African-Americans, 41%, and among Hispanic/Latinos, over 21%.

> At 14.6%, youth unemployment in Indiana was slightly lower than youth unemployment in the entire Midwest Region, but remained well above the Indiana average of 5.3% for workers of all ages. (Rates were not reported by racial/ethnic group.)
>
> Employed Hoosier youths worked an average of 27 hours weekly. Nearly 37% of the state's 16- to 19-year-old workers put in more than 35 hours per week.

Developing Indiana's future workforce

Of growing concern are the numbers of young people going directly into the labor force following high-school graduation. Naming them "the forgotten half," reports published by a major national commission raised awareness of the needs of the non-college-bound and the lack of resources devoted to their preparation for future well-being.[24] By a very conservative estimate, one report stated: "The combined state-local and federal investment on behalf of civilian post-high-school-age, non-college-bound youth . . . is approximately one-seventh of society's combined investments for college-bound youth."[25]

High Hopes, Long Odds – a major study of nearly 5,000 Hoosier 8th-, 10th- and 12th-graders, their parents, and their guidance counselors – found that the non-college-bound were being shortchanged in Indiana as well.[26] Many students who responded to the surveys came from low-income families with little knowledge and few resources to help them prepare for and gain a good job placement. Further, the study found, many school counselors had relatively little interest in this group and very little knowledge of the labor force that the non-college-bound would enter. The problem of workforce preparation for young Hoosiers is sizeable: about six in ten graduates of the state's high schools go directly into a labor market where well-paying jobs demand increasingly complex thinking, technical and interpersonal skills, as well as personal qualities as such as responsibility, self-esteem, sociability, self-management, integrity and honesty.[27]

In 1991, when the *High Hopes, Long Odds* study data were gathered, Indiana's high schools were still offering programs in the traditional three-track system: general education, vocational, and college preparatory. The researchers who conducted the *High Hopes, Long Odds* study felt strongly that this system further disadvantaged students who were not in college-prep programs. In September 1995, two programs – tech prep and college prep – were introduced in all high schools in Indiana. It is too early to know if this change will, as intended, even out the opportunities for the college- and non-college bound.

Poverty

Poverty in the nation

In spite of economic recovery in the nation, the number of families and individuals left behind continues to grow. For more than three decades, poverty has been defined by a set of money-income thresholds set by the U.S. Office of Management and Budget. The poverty concept is a statistical measure derived from the Economy Food Plan of the Department of Agriculture. Poverty thresholds are adjusted annually, based on changes in the Consumer Price Index. Poverty levels are calculated based on family size and composition, but do not take into account geographic differences in the cost of living.[28]

Income at the poverty level is "survival" income, and provides a household with minimum necessities only. The United Way of Central Indiana/Community Service Council, and Indiana Coalition for Human Services estimate that a basic budget required for a "bare bones," but healthy and safe, lifestyle would be more than $5,000 above the annual poverty level for a family of three.[29]

Table 1 lists federal poverty levels for 1987, the last year that Indiana's AFDC benefit levels were adjusted, and for 1992, the latest year for which county-level estimates of poverty (see Appendix) are available. The final columns contain the poverty thresholds for 1995[30] and the net hourly wage now required to reach each level.

In 1992, 14.8% of the nation's population lived in households with incomes below the poverty level; this proportion rose by 1.3 million to 39.3 million in 1993. The overall proportion of Americans living in poverty was 15.1% in 1993 (not statistically different from 1992).[31]

Nationally, children younger than age 18 were nearly twice as likely to be poor than the elderly, ages 65 and older (22.7% vs. 12.2%, respectively).[32]

Table 1. Poverty Thresholds by Size of Family

Family Size	1987 ($)	1992 ($)	1995 ($)	Hourly Wage Required to Reach 1995 Poverty Level
1	5,500	6,810	7,470	3.75
2	7,400	9,190	10,030	5.00
3	9,300	11,570	12,590	6.30
4	11,200	13,950	15,150	7.60
5	13,100	16,330	17,710	8.85
6	15,000	18,710	20,270	10.15
7	16,900	21,090	22,830	11.40
8	18,800	23,470	25,390	12.70
9	20,700	25,850	27,950	14.00
Each additional person	1,900	2,380	2,560	1.30

SOURCE: Indiana State Data Center from annual announcements in the *Federal Register*.

Poverty in Indiana

The Indiana economy is doing somewhat better than the economy of the United States as a whole, but the number of individuals living below the poverty level continues to rise here as well. The proportion of Hoosiers living in poverty is a bit lower than for the nation, but the same patterns hold.

In 1989, Indiana's poor constituted 10.7% of the state's population. By 1993, the estimated proportion of poor Hoosiers had risen to 12.2%, up slightly from 11.7% in 1992.[33]

Children younger than age 18 represented about a fourth (25.9%) of Indiana's population in 1992, but were more than a third (35.5%) of the state's poor.[34]

An estimated 234,500 or 16% of Hoosier children younger than age 18 were poor in 1992, up from 13.9% in 1989. An even larger proportion (18.7%) of the state's youngest children, those younger than five years of age, were poor in 1993, up from 16.8% in 1989.

The very poor and the near poor

Two groups sometimes lost from sight in discussions of poverty are the very poor, those living at less than 50% of the poverty level, and the near poor, those living between 100% and 200% of the poverty level (Table 2).

Table 2. Estimated Population by Poverty Threshold, Indiana, 1992

	Population Below Threshold	
Threshold	Indiana Cumulative (%)	U.S. Cumulative (%)
Below 50%	4.8	5.9
Below 100%	11.7	14.5
Below 150%	19.5	24.1
Below 175%	23.3	28.9
Below 185%	25.2	31.3
Below 200%	28.0	34.7

Note: Base population for Indiana was 5,632,690 and for the U.S., 253,969,000.

SOURCE: Indiana Statement Department of Health; Based on Consumer Income Series P-60, U.S. Bureau of the Census

The very poor. Nearly one in twenty Hoosiers is not only poor, but is living in a household with income less than half the federal poverty level. For a family of four, this would mean income of less than $7,575 annually.

In 1992, very poor families included an estimated 31,000 children younger than age 5 and 64,500 children between the ages of 5 and 17.

The near poor. Poverty levels represent an arbitrary figure. A few dollars of income above the official poverty level makes very little difference in the day-to-day economic realities faced by a family, other than to make that family ineligible for help from many means-tested support programs. "Near poor" persons are those living in families with incomes between 100% and 200% of the poverty level. Most near-poor families have at least one full-time worker. The near poor include the families of many of Indiana's civil service workers (such as social workers who work full-time for less than $19,000 a year, and employees of the motor vehicle bureau who work for $5.33 per hour); the families of full-time, wage-workers earning $7 to $10 per hour on the state's assembly lines; and the families of most of the state's full-time retail sales force, transportation workers or hotel and restaurant workers.

Some public-sector help may be available for the nearly one in six Hoosiers who is near-poor – estimated at more than 883,000 persons in 1992.[35] Some low-income families may qualify for housing assistance (if they can find an approved unit) or help with utility bills or for food supplements through the WIC program; some of their children may be eligible for Medicaid coverage or for free or reduced-price school meals. But, by and large, these struggling families are on their own to make it the best way they can, one paycheck away from crisis.

A recent study of working-poor families in St. Joseph County characterized their lives as "climbing the down escalator." Historically, economic growth in the Indiana was associated with secure employment for able-bodied adults who worked hard. Factory jobs paid well and provided a middle-class lifestyle for workers' families. In recent years, however, many well-paying manufacturing jobs have disappeared, and the new jobs that have been created do not pay as well. Many Hoosiers are working hard – many of them at more than one job – but their earnings are not enough to maintain families. Following personal interviews with applicants for assistance in St. Joseph County, the researchers found that "the working poor are not a single, predictable group of individuals. Instead, they have highly diversified personal and household characteristics and job experiences."

The study participants lacked the money, job credentials or support systems that would enable them to weather short-term emergencies or survive longer-term personal adversity or unemployment. Many of these working poor families were once self-sufficient. The researchers noted that some of the events that led to economic distress might have been avoided by better and longer-range planning, but that many larger trends such as recessions and job restructuring were beyond the workers' control. The researchers concluded that the evidence pointed in two directions:

> The only jobs available to a large segment of the labor force simply do not pay enough to ensure a self-sufficient standard of living to those who have them; and the people who do hold these jobs currently have little practical chance of moving up the job ladder in large numbers. This suggests that, in addition to developing "paths of opportunity" to better jobs, it is important to turn the jobs they have now, and are likely to have in the future, into better jobs.[36]

Programs to assist poor families

Over the course of the last half century, a complex web of charitable services and government assistance programs has evolved to provide support for poor and low-income persons and families. Through the early 20th century, most of the help available to low-income people came from county and local tax-supported "poor relief" and voluntary sector charitable services that included churches, benevolent associations and labor unions, rescue missions and improvement societies, "homes" for the unfortunate, orphaned, sick, crippled, fallen, or aged, and individual benefactors. Indiana is the only state in the union that still maintains a system of township "poor relief." For the most part, such help is very temporary, sometimes degrading, and nearly always inadequate to keep individuals and families from requiring additional assistance from the voluntary sector and/or state and federal government programs.

Voluntary charitable services

Indiana has a strong tradition of providing voluntary support to Hoosiers in need. The Indiana Association of United Ways has calculated that voluntary giving by the state's religious and nonsectarian groups now tops $113 million for food pantries, homeless shelters, job-finding and training, disaster relief and other forms of emergency aid. This figure represents about 5% of the more than $2 billion that Hoosiers give to all charities annually.

Cuts or elimination of federal support programs would have a major impact on Indiana's voluntary organizations. Federal funding is already an important part of the budgets for many groups serving low-income persons and families. Residential centers, group homes, and summer camps, for example, depend on commodity programs to round out their food budgets, and grants support a number of youth development programs within private agencies. In all, if federal aid were not forthcoming, Indiana charities would be faced with a shortfall of some $700 million – seven times what they are now devoting to meeting basic needs. And this sum does not include Medicaid and support for health programs. Even if private charities could make up the difference through Hoosier generosity, they would still be faced with problems of organization and coordination of services – the same problems that brought the federal government into the financial assistance field in the 1930s. Today's charities are not set up to run income-assistance programs, and it would take years to reestablish an effective delivery infrastructure among the private, voluntary, independent, nonprofit sector.[37]

Government programs

More than one in seven Americans received assistance through a major means-tested government program for at least one month in 1991.[38] Generally lumped together in the public mind as "welfare," programs for the poor have come under growing scrutiny and bipartisan criticism. "Ending welfare as we know it" has been a component of President Clinton's agenda, and welfare reform is at the core of the new Republican congressional majority's Contract with America.[39] At this writing, the specific forms that redesigned federal assistance programs will take have not been determined. The Contract With America favors block-grant funding to states beginning in 1996. Federal spending would be reduced gradually over seven years to eliminate the federal deficit and pay for proposed tax cuts.

Predicting the true impact of block-grant funding on Indiana is difficult at this point. In the past, formulas for calculating federal block grants have been closely tied to existing levels of state effort. As discussed below, with the exception of Medicaid, Indiana's support for low-income families has been one of the lowest in the nation. Thus, under a formula based on current effort, Hoosiers would continue to have a relative disadvantage even if federal support were retained at current levels. Any proposed reductions in federal funding would leave the state's poor and low-income families extremely vulnerable.

The Center on Budget and Policy Priorities has estimated the impact of the emerging federal fiscal agenda on Indiana. In 1996, federal grants would be cut $216 million, particularly in Medicaid reimbursements and education aid. Cuts could amount to $37 for each resident of Indiana. In 1998, cuts in federal transportation grants, support for rural programs and additional cuts in education could bring the total annual loss in federal grants to $725 million, the equivalent of about $122 per state resident annually.

By 2002, when the projected federal budget is to be fully balanced, cuts could have transferred to state and local governments some $1.9 billion now provided through federal aid. By 2002, loss of federal aid could amount to an estimated $311 per person. The cumulative loss of federal aid to Indiana in the seven year period could total some $7.7 billion.[40]

Major targets for change are the means-tested programs that now form the "safety net" for the nation's poor children and their families: Aid to Families with Dependent Children (AFDC); Food Stamps and Medicaid, as well as nutritional supports such as the school lunch and breakfast program and the Special Supplemental Food Program for Women, Infants, and Children (WIC). Two additional programs, Supplemental Security Income (SSI) and housing assistance, also provide support for low-income families. SSI participants are still primarily adults. Consequently, this program will not be discussed here. Neither will federal housing assistance, available through a variety of channels from public and Section 8 housing to sweat-equity programs that set families on the way to home ownership in return for labor spent in rehabilitating the dwelling.

Indiana's safety net

Indiana's safety net is still one of the weakest in the nation. Some might argue that the state's past failure to take full advantage of federal dollars available to assist the poor may turn out to be an advantage. As national programs are cut, they hold, Indiana may not feel the blow as sharply as more "federally dependent" states. In the meantime, others would argue that Indiana has not taken adequate care of its poorest citizens; instead, the state has left them too exhausted by the struggle for daily existence even to try to help themselves "get off welfare."[41] Regardless of the philosophy of aid, most would agree that even with current levels of welfare support, poverty continues to compromise the health and well-being of thousands of Hoosier children.

Aid to Families with Dependent Children. The Social Security Act of 1935 gave birth to the Aid to Families with Dependent Children (AFDC) Program. AFDC provides cash assistance to needy children who lack support of one parent because a parent is dead, incapacitated, unemployed, or continuously absent from the home. The Family Support Act of 1988 extended benefits to children in two-parent families in which the principal earner is unemployed (AFDC-UP). Able-bodied AFDC recipients are required by federal law to register for training and employment services. Mothers receiving AFDC are required to cooperate in establishing the paternity of children born out of wedlock and to assign child-support rights to the state.[42]

Each state establishes a "standard of need" upon which its AFDC support is based. Indiana's standard of need was established in 1987 and is currently ranked 50th among the 50 states and the District of Columbia (DC). The standard of need is tied to family size. For a family of three – the typical recipient family – the standard of need is $320 per month; for a family of four, it is $385 per month. States are also permitted to apply a "rateable reduction" to the standard of need to determine the actual maximum legal payment that a family in that state may receive. Indiana applies a 10% rateable reduction, reducing maximum legal payments to $288 per month ($3,456 per year) for a family of three, and to $346 per month ($4,152 per year) for a family of four (see Table 3).

AFDC is a "means-tested" entitlement program, meaning that any family that meets eligibility criteria may receive benefits. To qualify for AFDC in Indiana, however, a family must be very poor indeed. At the outset, regardless of size, a family may not own assets that exceed $1,000 in value. *Gross* monthly income must not exceed 185% of the standard of need ($592 for a Hoosier family of three and $712 for a family of four). The family's *net* monthly income, however, may not exceed 90% of the standard of need, i.e., the maximum allowable payment. For a family of four, the ceiling on net income amounts to just 27% of the 1995 federal poverty level.

The average monthly AFDC payment in Indiana was $252.45 in FY 1993. This compared with a national average of $380.67. Indiana's average AFDC payment ranks 41st among the 50 states and DC.

In June 1994, 3.5% of all Hoosiers were receiving AFDC assistance, compared with 5.4% nationally.

An average of 200,313 Hoosiers per month received AFDC payments in Fiscal Year 1994, an increase of 5.2% over FY 1993. An additional 17,023 were recipients in the AFDC-UP program in 1994, an increase of 7% over FY 1993. Total participants in both programs averaged 217,336 monthly in FY 1994.

Table 3. Indiana AFDC and Food Stamp Benefits by Family Size, FY 1995

Family Size	Standard of Need ($)	Maximum AFDC Payment ($)	Maximum Food Stamp Benefit ($)	Combined Benefits as % of Poverty Level
1	155.00	139.00	115.00	40.9
2	255.00	229.00	212.00	52.8
3	320.00	288.00	304.00	56.4
4	385.00	346.00	386.00	58.0
5	450.00	405.00	459.00	58.5
6	515.00	463.00	550.00	60.0
7	580.00	522.00	608.00	59.4
8	645.00	580.00	695.00	60.3
9	710.00	639.00	782.00	61.0
10	775.00	697.00	869.00	61.6
Each additional person	65.00	58.50	87.00	68.2

SOURCE: Indiana Family and Social Services Administration; *Federal Register*.

Two-thirds (67%) of Indiana's AFDC recipients are children. Contrary to popular belief, most families receiving AFDC payments are not large. In FY 1994, more than half (51%) of Indiana's AFDC families consisted of an adult and one child; an additional 42% included two or three children. Only one in fourteen (7%) AFDC families included four or more children.

Information lacking about families receiving AFDC. Many of the proposed reforms of the AFDC program target teen mothers, women who continue to "have children on welfare," and long-term participants in the program. Reform motives vary from the humane – concerns generated by understanding of the impact of long-term poverty on family life and child development – to money-saving bids, some of which also appear to be attempts to control the sexual behavior of unmarried, poor women.

There are a number of themes that flow through many of the reform proposals: greater responsibility on the part of the mother, coupling welfare benefits with work or preparation for work, time limits, and no support for additional children born while a mother is receiving AFDC benefits. There are also increased efforts to secure financial support from noncustodial parents. One proposed law would make holding drivers' and professional licenses contingent on remaining current with court-ordered child support payments. Whatever the reform proposals and the motives that drive them, the fact remains that there is very little information that would inform policy decisions of Hoosier policymakers in these areas. For example, Indiana lacks information about:

- What proportion of unwed teens now turn to AFDC for supporting their children.[43] How many mothers receiving benefits are younger than 18, and of these, how many are living independently and how many are currently living with an adult family member or another responsible adult.
- How many adult women currently receiving AFDC had their first children as teens.
- How many additional children have been born to women while they have been receiving AFDC.

- How many families have been receiving AFDC for more than two years (the proposed limit of several reform agendas).
- How many women currently receiving AFDC benefits have the prerequisite skills to obtain and to *hold* a job.

All of these considerations relate directly to the Contract with America, as well as current proposals for reforming AFDC in Indiana.

Food Stamps Program. The Food Stamp Act of 1977 created the federal Food Stamp Program to "permit low-income households to obtain a more nutritious diet." Coupons used to purchase food in certified stores boost the purchasing power of eligible households. Eligibility criteria include nonfinancial elements such as county residency, citizenship/alien status and work registration. The basic financial criterion is gross household income that does not exceed 130% of the federal poverty level. Maximum food stamp allotments are based on family size (Table 3). Nationally, 51% of food stamp recipients are children.[44]

The Food Stamp Program is administered by the Food and Nutrition Service of the U.S. Department of Agriculture through state and local welfare offices.[45] The federal government currently pays the entire cost of food stamp benefits and half the costs of administering the program. At the end of FY 1993, the last year for which comparable data are available, the food stamp program-participation rate in Indiana was 8.7% compared with 10.5% nationally. The average monthly benefit per person in Indiana in 1993 was $68.16, slightly above the national average of $67.96. [46]

> A monthly average of 510,000 Hoosiers received food stamp benefits in FY 1994. At the end of the fiscal year (June 1994), 9.3% of Hoosiers were participating in the program, up 1.3% from a year earlier.
>
> In FY 1994, food stamp benefits brought $416,723,778 to Hoosier supermarkets and grocery stores. This figure represents a 4.5% increase over expenditures in 1993.

Medicaid. Amendments to the Social Security Act created the Medicaid Program in 1965. The program was designed "to furnish medical assistance on behalf of needy families with dependent children, and of aged, blind, or permanently and totally disabled individuals whose incomes and resources are insufficient to meet the costs of necessary medical services."[47] Eligibility criteria are complex, and payments consist of a combination of federal and state dollars.

States have considerable discretion in the types of services covered. Indiana covers 30 of the 33 services allowed by federal regulations. Only two states cover as many Medicaid services as Indiana. In terms of Medicaid reimbursements per participant in the program, national comparisons show that Indiana ranked 8th among the states in FY 1993, up from a rank of 9th in FY 1984.[48]

> In FY 1994, a monthly average of 452,273 Hoosiers – 8% of the state's population – were enrolled in the Medicaid program, compared with 12.2% nationwide; 56% of all Hoosier Medicaid recipients were children younger than age 18.[49]
>
> Indiana Medicaid claims payments amounted to more than $2,338.5 billion in FY 1994, up overall about 1% from FY 1993. Only 31% of this amount, however, supported health care for Hoosier women and children (all AFDC recipients and non-AFDC children and pregnant women combined).[50]

The growth of safety-net programs

As poverty increases in Indiana, the number of Hoosiers who have exhausted or have insufficient personal resources and are turning to the government for support is growing as well (Table 4). Between FY 1993 and FY 1994, Indiana's AFDC recipients grew by 5%, food stamp program participants by 4.5% and Medicaid recipients by 9%. The majority of beneficiaries of safety-net programs are children (Figure 3).

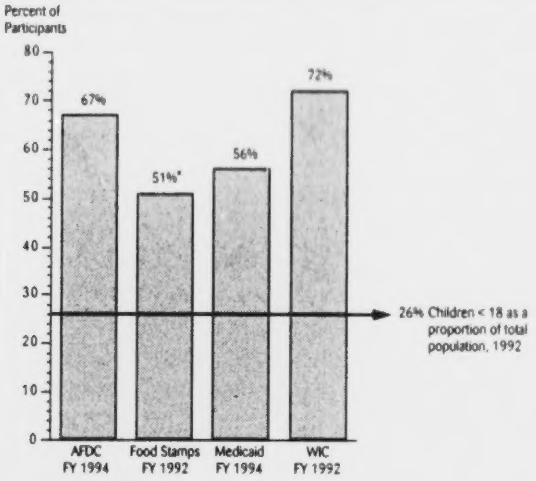
It is of further interest to note that when calculating the annual federal poverty level for 1995, each additional person contributes $2,560 to the total. In 1995, each additional Hoosier child increases the maximum AFDC benefit by $58.50 per month and the maximum food stamp allotment by $87 per month.

Table 4. Percentage of Indiana Population Receiving AFDC and Food Stamp Assistance, 1989-1994

	Indiana (%)	U.S. Average (%)
AFDC Assistance		
June 1989	2.6	4.0
June 1990	2.8	4.0
June 1991	3.1	4.3
June 1992	3.4	4.9
June 1993	3.5	5.3
June 1994	3.5	5.4
Food Stamps		
June 1989	5.1	7.8
June 1990	5.7	7.5
June 1991	7.0	8.0
June 1992	8.2	9.0
June 1993	9.1	9.9
June 1994	9.3	10.5

SOURCE: Indiana Department of Public Welfare, Annual Reports, FYs 1989, 1990, 1991; Indiana Family and Social Services Administration, Annual Report, FY 1992; FSSA 1993, 1994.

Figure 3. Hoosier Children Younger than 18 Participating in Government Support Programs



*Estimate based on national data.

SOURCE: Indiana State Department of Health; Indiana Family and Social Services Administration; U.S. Bureau of the Census.

Nutrition programs

Adequate nutrition is the basic building-block of good health. Concerned with the proportion of military recruits that were being rejected because of insufficient dietary intake, the federal school-lunch program for low-income school children was initiated in 1946. In 1974, nutritional support was initiated for low-income women, infants and young children through the WIC program.

Special Supplemental Food Program for Women, Infants and Children (WIC). The WIC program provides federal support to improve the nourishment of pregnant and postpartum women, infants, and children younger than age 6 in households with incomes that fall below 185% of the federal poverty level.[51] Evaluation of the WIC program has demonstrated that every $1 spent saves from $1.92 to $4.21 in Medicaid costs in the first year of a child's life. WIC nutritional support is associated with a lower incidence of low birthweight and lower incidence of preterm births. Good nutrition is essential early in pregnancy. A 1990 study conducted by the Centers for Disease Control and Prevention found that 22.8% of Hoosier women entered the WIC program in the first trimester of pregnancy. This number was significantly ahead of the national average for early entry (15.6%).

WIC is not an entitlement program (i.e., a program through which everyone who meets eligibility criteria can receive benefits). Rather, the federal grant for WIC is "capped." Funding limitations make it impossible to provide benefits to all who are eligible.

> In 1992, WIC in Indiana provided nutritional support to 229,383 women and children, an estimated 76% of those eligible. WIC costs were just over $72 million; 79% of the funds came from the federal government.
>
> Of enrolled persons 80% lived at or below 100% of the poverty level.
>
> Of enrolled persons 72% were infants and children age 4 and younger.

Free and reduced-price school lunch and breakfast. All Indiana school corporations but one (Speedway) and many of the state's private schools have for several years provided free and reduced-price lunches to full-day students from low-income families. Students from families with incomes below 130% of the poverty level ($19,240 per year for a family of four in 1994, the latest year for which school lunch data were available) were eligible for free school lunches. Family income below 185% of the poverty level ($27,380 for a family of four in 1994) made students eligible for reduced-price lunches. Using information from other income-support programs administered by the state, Indiana makes every effort to help local schools identify eligible students.

> In the 1993-94 school year, 222,368 students were enrolled in the free lunch program. Enrollees represent 21.9% of the student population. The proportion increased only slightly from a year earlier, but continued a gradual upward trend of several years.

On October 1, 1995, new state legislation went into effect: schools with more than 25% of their students eligible for free school lunches were also required to provide a school breakfast program. More than 300 schools not covered by the mandate have voluntarily begun breakfast programs. The state has provided no waivers to schools where administrators felt a breakfast program would be impractical. Although 547 of the 847 schools covered by the legislation had breakfast programs in operation by the end of November 1994, several were feeling the frustration of underuse. Surprising numbers of eligible students who regularly received free lunches were not taking advantage of the breakfast program. Reasons given ran from lack of awareness to family pride to incompatibility of bus schedules.[52]

Other sources of support for families with children

Two additional sources of income for families with children are child support from noncustodial parents and the federal Earned Income Tax Credit.

The Indiana Child Support Program. The problem of parents (some 90% of them fathers) who do not live with or support their children is a growing one. Child support and provisions for establishing paternity were included in the Federal Social Security Act of 1975 (Title 4-D). Administered by the Child Support Bureau of the Indiana Division of Family and Children, the state's child support program has four functions: establishment of paternity, establishment of support orders, enforcement of existing support orders and location of absent parents. The growth of child-support actions is reflected in the rising number of case filings related to paternity issues (see Table 14). Indiana collection and disbursement of child support has increased every year since the program began in FY 1977.

> The Indiana Child Support Bureau collected $161,742,524 from absent parents in FY 1994, up 8% from FY 1993.

> Child support for non-AFDC recipients showed the greatest increase, from 60.3% of total collections in FY 1993 to 62.9% in FY 1994.

Earned Income Tax Credit. The Earned Income Credit (EIC) is a special tax benefit, primarily for low-income working families raising children. To claim the credit, families must file a federal income tax return – either Form 1040 or 1040A – and attach an additional EIC form with the return. Benefit levels are keyed to income and the number of children in the family. The maximum benefit – $2,528 for Tax Year 1994 – is available to families with two or more children with incomes between $8,500 and $10,500. A family with two or more children making $25,000 per year, the upper limit of eligibility, could receive a credit of $48.

For Tax Year (TY) 1993, the EIC brought $277,555,000 into Indiana for 279,108 families, up 5.3% from the year before. Tax credits averaged $994 per family. Nationally, use of the EIC increased 8.6%, with an average credit of $1026 per family.[53]

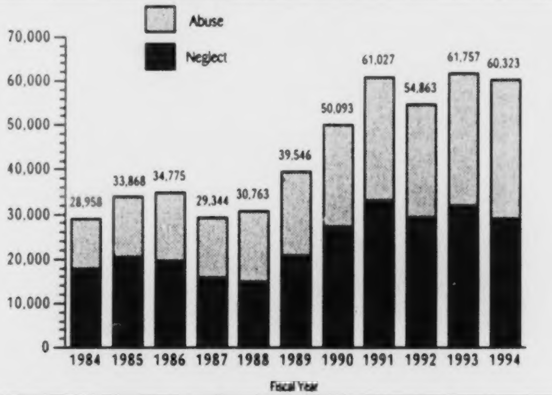
Many eligible Hoosier families do not claim the EIC. Some low-income workers may not know about the credit; some may use form 1040EZ when filing their returns, or they may not file at all.[54]

Protecting Indiana's children

Child abuse and neglect

The shocking surge in maltreatment of American children during the last decade is not abating. Rising concern about child abuse and neglect stems not only from the harm done to the child at the time that maltreatment occurs, but also from growing recognition of the potentially life-long impact on victims. A national survey found that in 1993 there were nearly 3 million reports of abuse and/or neglect of children. Of these, 1,016,000 cases of abuse and neglect were substantiated following investigation.[55] In Indiana, reports of abuse and neglect rose markedly from 29,344 children in FY 1987 to 61,027 children in FY 1991. Between FY 1991 and FY 1994, numbers of reports remained high, but have fluctuated from year to year (see Figure 4).[56]

Figure 4. Reported Cases of Abused and Neglected Children in Indiana, FY 1984 - FY 1994



SOURCE: Indiana Department of Public Welfare, Annual Reports, FYs 1989; 1990; 1992; Indiana Family and Social Services Administration, Annual Report, FY 1992; FSSA 1993, 1994.

There were 40,713 reports of abuse and neglect involving 60,323 children younger than age 18 during FY 1994. Following investigation, 45.3% of these cases were found to be substantiated or indicated.[57]

In FY 1994 6,126 children were physically abused and another 6,851 were sexually abused; Indiana does not track emotional abuse. There were 14,324 Hoosier children who suffered from neglect (see Table 5, p. 16).

The rate of substantiated and indicated cases of abuse and neglect decreased to 18.8 per 1,000 children younger than 18 in FY 1994, from 20.7 in FY 1993. Even with abuse and neglect affecting nearly two of every hundred Hoosier children, Indiana has met the Healthy People 2000 objective of an abuse and neglect rate of less than 25.2 per 1,000.

Fatalities

More Hoosier children died from abuse and neglect between July 1, 1993 and June 30, 1994, than in any other single year that maltreatment has been recorded (see Figure 5, p. 16). In just eight years, 325 Hoosier children have died from abuse or neglect – more than enough to have filled an entire school!

Of the 56 children who died in FY 1994, abuse was fatal to 26 and neglect to 30. Equal numbers of boys and girls died; 55% were infants who had not reached their first birthday; 79% were younger than age four.

Seven children died of gunshot wounds, up from just one a year earlier. Other causes of death from physical abuse included skull fractures and brain damage, internal injuries, and shaking.

Of the 74 identified perpetrators involved in child fatalities, 76% were natural parents; an additional 4% were foster or step-parents, and 3% were grandparents. The remaining perpetrators, where known, were other relatives, friends of parents, and babysitters.

The Child Protection System

Indiana's Child Protection System remains seriously stressed, although progress has been made in the months since H.B. 1650 became P.L. 142-1993. This legislation was prompted by 16 unanimous recommendations from the bipartisan Commission on Abused and Neglected Children and Their Families, established by the Indiana General Assembly in 1992. In addition to the mandates of the new law, the Indiana Family and Social Services Association (FSSA) has introduced several administrative changes in the state's child protection system.

At this writing, legislation is before the General Assembly that would mandate statewide improvements in numbers of child protection service (CPS) caseworkers charged with investigating reports of alleged child maltreatment, and numbers of children's services (CS) caseworkers charged with supervision of children who are wards of the state. Although not enough caseworkers will be added to bring Indiana's child welfare caseloads down to the levels recommended by the Child Welfare League of America,[58] there would be significant reductions from the 50 to 60 or more cases that workers have been handling in some counties. Indiana's CPS workers would have no more than 25 new cases of alleged abuse and neglect per month, and CS workers would provide ongoing supervision for no more than 35 children at any given time.

Table 5. Substantiated and Indicated Cases of Child Abuse and Neglect in Indiana, FY 1989 - 1994

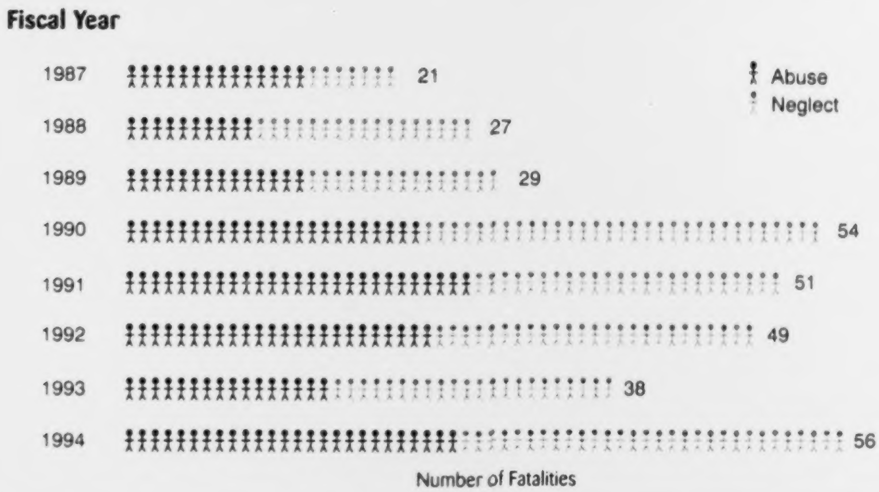
	Fiscal Year					
	1989	1990	1991	1992	1993	1994
Noninstitutional						
Substantiated and indicated cases:						
Neglect	10,137	14,111	17,332	15,825	15,333	14,324
Sexual abuse	4,816	6,229	6,912	6,729	7,571	6,851
Physical abuse	5,310	6,535	8,040	7,141	7,177	6,126
Rate of substantiated and indicated noninstitutional cases per 1,000 children under age 18	12.5	16.6	22.2	20.4	20.7	18.8
Institutional						
Substantiated and indicated cases:						
Neglect	30	63	62	59	77	45
Sexual abuse	153	154	155	132	254	137
Physical abuse	134	186	178	171	138	81
Total cases all types	20,580	27,278	32,679	30,057	30,550	27,564

SOURCE: Indiana Department of Welfare, Annual Reports FYs 1989, 1990, 1991; Indiana Family and Social Services Administration, Annual Report, FY 1992; FSSA 1993, 1994.

Additional progress

Indiana has made progress in implementing many other recommenda-

Figure 5. Child Fatalities from Abuse and Neglect, FY 1987 - FY 1994



SOURCE: Prepared by the Indiana Youth Institute from data supplied by Indiana Family and Social Services Administration.

tions of the Commission. The statewide "hot line" for reporting suspected abuse and neglect, for example, has been operational for more than a year. A computerized system now links all county offices of the Division of Family and Children and the automated risk-assessment and case-management system will be fully operational in the next few months. Progress has been more limited for some other Commission recommendations (see Box A), but only one remains without any progress at all on the state level.

Corporal punishment

One recommendation of the Commission on Abused and Neglected Children and Their Families to date has received no state-level attention: eliminating corporal punishment in the schools. Indiana has no state statute that would prohibit paddling of students as a form of discipline. Periodic surveys conducted by the Office of Civil Rights in the U.S. Department of Education provide information, tabulated by race/ethnicity and gender, about use of physical punishment in the individual states.[59] Overall declining figures for Indiana reflect the growing abolishment of corporal punishment by individual school corporations across the state.

> An estimated 8,756 paddlings – a number representing .9% of Hoosier students in all grades – were administered in 1992. This is a marked decline from the 1986 survey that estimated a paddling rate of 2.7% of enrolled students that year.

Corporal punishment does not appear to be administered evenhandedly, however. As was true for the nation as a whole, Indiana schools were more likely to paddle children of color – particularly boys (see Table 6, p. 18). One in thirteen students (7.4%) receiving corporal punishment were also identified as disabled.

The Marion County Consent Decree

A law suit filed by the Legal Services Organization in 1989 charged the Marion County Department of Public Welfare and the Indiana FSSA with violation of the constitutional rights of children under their protection. By July 1992, all parties to the lawsuit had

Box A
Progress to Date
Recommendations of the Commision on Abused and Neglected Children and Their Families

Significant Progress:

- Statewide "hot line" phone access system for reporting suspected abuse and neglect.
- Establishment of a state-wide automated, computerized, risk- assessment and child-protection system; establishment of a computerized child-abuse registry.
- Development and implementation of protocols and guidelines for criminal history background checks of professionals and paraprofessionals working with children.
- Reclassification and increased compensation of child protection and welfare caseworkers.
- Implementation of comprehensive family preservation services.
- Maximized funding for child welfare services.
- Development and implementation of plans for child-abuse and neglect-prevention programs.

Limited progress:

- Smaller caseload standards for child welfare caseworkers.
- Increased education and training of caseworkers.
- Elimination of the statutes of limitations on incest and child sexual abuse in civil and criminal cases (P.L. 232-1993 raised limitation up to age 31 in criminal cases only).
- Amendment of regulations to allow the exchange of information between child welfare personnel and professionals providing evaluation and treatment services to children involved in the child welfare system.
- Expedited permanency planning for children.
- Annual review of the Commission's recommendations and arrangement for periodic external audits of child welfare services in Indiana.
- Demonstration projects to link township trustee offices and county Division of Family and Children offices to expedite emergency assistance to families receiving family-preservation services.
- Increased availability of low-cost or subsidized mental health services.

No progress to date:

- Banning of corporal punishment in Indiana schools, state licensed group homes, child-caring institutions and foster homes.

entered a consent decree covering all issues in the action. By the fall of 1994, caseloads were to be reduced to no more than 25 new family cases per child protection services worker per month, and no more than 35 children under supervision by a children's services worker at any given time. As noted above, pending legislation would bring these caseloads standards to every county in the state.

An analysis of children's services (CS) caseload records relating to the decree showed that in the 24 months between December 1992 and December 1994, the number of children's services casework positions grew from 32 to 54 and the number of child protection services (CPS) workers from 17 to 35.[60] Staff turnover plagued the department throughout the period. Of the 32 CS workers on the job in December 1992, only 4 remained on the roster as full-time workers two years later. Of the 50 CS caseworkers on the job in January 1995, only 4 (8%) had held children's services positions in the Division of Family and Children for 24 months or more. An additional 13 children's services workers (26%) had been on the job for more than one year; one of these had dropped to half-time for medical reasons. The remaining 33 CS workers (66%) had been on the job less than one year. Four positions were vacant in January 1995). Overall, 101 different people had carried children's services cases (ongoing supervision and adoption) between December 1992 and January 1995.

Had all 54 positions been filled in January 1995, and had all caseworkers been working full-time and carrying full caseloads, and had the 1,801 current cases been distributed equally, the Marion County Division of Family and Children would have met the terms of the consent decree. Each children's services protection worker would have been supervising 33 ongoing cases. But: there were four vacant positions; one worker had cut back to half-time, and another was unable to do home visits for medical reasons; cases were not evenly distributed among workers, and several workers still had caseloads of 40 or more. If the patterns observed among Marion County child protection workers during this two-year period of change are repeated in other counties, there may be considerable instability in children's services for some time to come.

Table 6. Corporal Punishment in Indiana Schools (Projected Values), 1992

	Number	Percent of All Students Punished	Percent of Students Enrolled	Percent of Enrolled Race/Gender Group Punished
White				
Males	6,580	75	45	1.5
Females	755	9	42	.2
African-American				
Males	909	10	5	1.9
Females	216	2	5	.5
Hispanic/Latino				
Males	*225	*3	1	*2.9
Females	*35	**	1	*.5
Asian-American				
Males	*12	**	**	*.3
Females	*0	**	**	.**
Native American				
Males	*25	**	**	*3.5
Females	*0	**	**	**
Total, all races				
Males	7,751	88.5	51.5	1.6
Females	1,006	11.5	48.5	.2
All students	8,756	100.0	100.0	.9

Notes: *Use numbers with caution; based on small sample size.
**Less than 1%.

SOURCE: Office for Civil Rights, U.S. Department of Education, April 1994.

Educating Indiana's children

The national education goals

Public education is coming under the same intense scrutiny received by other American institutions. Whether current efforts are written off as complete failures or hailed as exciting and innovative means for preparing the nation's future workforce and citizenry depends on which schools are under discussion and who is discussing them. There is growing consensus that on the whole, public education needs fundamental transformation to keep pace with fast-breaking technological change and to deal effectively with seemingly intractable social problems.

The nation's state governors met in 1989 and set six national education goals to be achieved by the year 2000 (see Box B).[61] In the years since, two more goals have been added. Enacted in 1994, the *Goals 2000: Educate America Act* made the National Education Goals federal policy. In Indiana, as elsewhere in the nation, these eight goals are shaping reform of education policy and practice. To date, progress has been made in Indiana, but overall, outcomes are mixed. Many changes that might be attributed to activity generated by the goals are too new to have an established track record; other changes will not be fully implemented for another year or more.

Educational attainment among Hoosier adults

Few job options – particularly those that pay well – exist in Indiana's economy for a young person without a high-school diploma. The educational attainment of a state's adult workforce exerts a powerful influence on economic well-being overall. A well-educated labor force is essential for attracting new well-paying employment opportunities to the state. According to the U.S. Census of 1990, a little more than three-fourths of all Hoosiers ages 25 and older were high-school graduates, about the same as the national average. Only 15.6% of the adult population had earned baccalaureate and higher degrees, however, compared with 20.3% in the nation as a whole. Indiana ranked 46th among the states and DC on this indicator in the 1990 census and has remained near the bottom in the years since.[62]

The *High Hopes, Long Odds* study found that educational attainment among Hoosier parents was likely to have a major impact on their children's chances for achieving career goals. The present school guidance system was working best for students with college-educated parents who "knew the ropes" of preparing for college entrance. Parents without this experience, even those with high aspirations for their children, did not know how to guide the choice of high-school programs and courses that would keep postsecondary options open.[63]

Box B

National Education Goals

By the year 2000:

1. All Children in America will start school ready to learn.
2. The high-school graduation rate will increase to at least 90 percent.
3 American students will leave grades four, eight and twelve having demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, art history and geography; and every school in American will ensure that all students learn to use their minds ell, so they may be prepared for responsible citizenship, further learning and productive employment in our nation's modern economy.
4. U.S. students will be first in the world in science and mathematics achievement.
5. Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and to exercise the rights and responsibilities of citizenship.
6. Every school in America will be free of drugs and violence and will offer a disciplined environmental conducive to learning.
7. The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.
8. Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children.

SOURCE: Meeting the Challenge, Office of the Governor.

High-school graduation

Locating "true" information about high-school graduation rates remains a frustration. Subtleties introduced in measurement techniques, even those designed to be valid and reliable, make state-to-state comparisons difficult – and some would claim, meaningless. The simplest measure, the on-time graduation rate, is the proportion of entering 9th-graders who leave with a high-school diploma in hand four years later (adjusted for migration). Although individual high schools use this statistic, information is not compiled for the state as a whole in Indiana.

On-time graduation rates are compiled and used by the U.S. Department of Education (USDOE), however. Using this measure, the USDOE reported a rate of 73.7% for Indiana in 1991, a decline from 77.3% in 1985.[64] Yet, by measures used by the Indiana Department of Education, the state's high-school graduation rates appear to have risen markedly, particularly between 1988 to 1993. The Indiana State Department of Education calculates graduation rates as the *probability* that a student will complete high school without dropping out, based on the annual percentage of students dropping out from grades 9 to 12.[65]

Using this probability measure, high-school graduation reached an all-time high of 83.4% in school year (SY) 1992-93. The high-school graduation rate declined very slightly, to 82.6%, in SY 1993-94. Ten counties have already achieved the national education goal of a 90% graduation rate: Warren (99.0%), Dubois (93.6%), Parke (93.0%), Union (92.2%), Wells (92.3%), Hancock (91.8%), Hendricks (91.5%), Boone (91.4%), Grant (90.7%), and Brown (90.2%).

Dropping out of school

The Indiana State Department of Education calculates an annual dropout rate using enrollment in grades 7 to 12 as a base.[66] Consistent with the slight decline in high-school graduation for the first time since 1988, the percentage of dropouts from grades 7 through 12 rose very slightly.

The dropout rate for SY 1993-94 was 3.0%, up from 2.9% a year earlier. Last school year saw 13,294 students – nearly 600 more than the previous year – leave without a diploma.

In SY 1993-94, a considerably smaller proportion of dropping out, 24.5%, occurred in grades 7 to 9 – than in the previous five years when the proportion ranged from 28 to 31%. Even so, 3,241 students left school with less than a 10th-grade education during SY 1993-94.

The reason given by just over half the students who left school in SY 1993-94 was "lack of interest in the curriculum" (51%). Additionally, 7% cited what may be a related reason – a record of school failure.

Only 586 (10.6%) of the 5,550 girls who dropped out listed pregnancy as the reason. Another 136 (2.5%) cited marriage as a reason. There is a wide discrepancy between the number of girls giving pregnancy/marriage as reasons for dropping out of school and the number of girls – 4,200 girls between the ages of 10 and 17 – known to have given birth. Among the 7,744 boys dropping out, only 43 reported leaving to get married and 10 because of the pregnancy of a girlfriend.

An additional reason cited for 9% of the students who left school (more than three-fourths of them boys) is identified by the Department of Education as "incorrigibility." Indiana does not compile state-level statistics on school expulsions. The proportion of dropouts designated as "incorrigible" may be the best estimate available.

If current trends prevail, about half of the students who leave school will eventually return to complete high school or a high-school equivalency program (GED). The Indiana Department of Education (IDOE) set the long-term objective of "retrieving" 80,000 high-school dropouts between 1992 and the year 2000. IDOE has set an interim "benchmark" for measuring satisfactory mid-decade progress toward this goal. IDOE hopes that 37,000 dropouts will have earned high-school diplomas or obtained GEDs between 1992 and 1995.[67]

Retaining students in grade

Retention-in-grade or "holding back" has long been a widely used strategy for children not achieving a grade level. Educators are reexamining this policy since numerous studies have shown that being over-age for grade is associated with dropping out of school. Students who have repeated one grade are about five times more likely than others to drop out; nearly 100% of students who have repeated two grades drop out.[68]

Indiana instituted the ISTEP examination in 1988, recommending that those who failed the test receive summer remediation. Students who failed a retest following remediation were to be held back in grade. While test-score standards suggest that about 40% of Hoosier students would benefit from remediation, allocations for summer school have never been sufficient to offer remediation to more than about one in five students who need it. Although there is renewed interest in keeping students achieving at grade level, grade retention is still practiced.[69]

In SY 1993-94, retention affected 14,054 students in grades K-12 in Indiana public schools. The SY 1993-94 retention rate of 14.6 per thousand students enrolled indicates a decline from 17.4 per thousand in SY 1992-93.

Retention practice varied widely by county, from a high of 2.7% in Lake County to lows of .2% in Huntington, Steuben, and Whitley.

Retention patterns vary according to the gender and ethnic group of the student (see Table 7).

In general, boys are more than one-and-one-half times as likely as girls to be held back in grade.

Asian-Americans are least likely to be retained; Native-American students are retained at the same rate as white students. African-American students of both genders are three times as likely to be retained as whites; Hispanics/Latinos are retained at double the rate of whites.

Boys also received a disproportionate number of suspensions and corporal punishments (see Figure 6, p. 22).

Educating special populations

The education of students with special needs is governed by a policy that places them in the least restrictive environment possible, i.e., in neighborhood schools and in age-appropriate general-education settings where special-education services

Table 7. Indiana Public School Enrollment, All Grades, and Retention-in-Grade, by Gender and Ethnicity, 1993-94 School Year

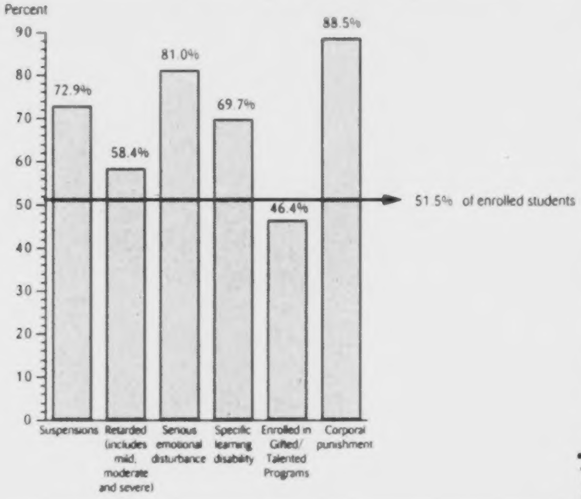
	Male				Rate per 1,000 Students Enrolled	Female				Rate per 1,000 Students Enrolled
	Students Enrolled		Students Retained			Students Enrolled		Students Retained		
Ethnic Group	No.	%	No.	%		No.	%	No.	%	
White	428,542	86.1	6,019	68.8	14	400,318	85.8	3,550	66.9	9
Hispanic/Latino	10,272	2.1	287	3.3	28	9,589	2.1	196	3.7	20
African-American	54,527	11.0	2,402	27.5	44	52,363	11.2	1,534	28.9	29
Asian-American	3,784	.8	26	.3	7	3,588	.8	22	.4	6
Native American	788	.2	12	.1	15	691	.1	6	.1	9
Total	497,913	100.2	8,746	100.0	18	466,549	100.0	5,308	100.0	11

Note: Columns may not total 100% because of rounding.

SOURCE: Indiana Department of Education

are provided as needed. This policy is sometimes referred to as *inclusion.* The number of students receiving special-education services has grown steadily since the 1970s, considerably outpacing growth in school enrollment. Indiana's school enrollment grew slightly, by a little over 1% between SY 1989-90 and SY 1993-94. In the same period, special education grew by nearly 17%.

Figure 6. Boys as a Percent of Students Enrolled in Grades K-12 and as Proportion in Categories Monitored by the Office of Civil Rights, Indiana, 1992



SOURCE: U.S. Department of Education, Office of Civil Rights

There were 119,629 students receiving special-education services in SY 1993-94, up about 3% from the year before. Areas of exceptionality for special education are listed in Table 8.

Change was uneven among the areas of special education. Although the greatest percentage increases occurred among children with health impairments and traumatic brain injuries, numerically, students identified as mentally handicapped and specific learning disabled accounted for most of the overall increase in students receiving services.

The Office of Civil Rights in the U.S. Department of Education tracks several exceptionality areas by race and gender. Boys constituted just under 52% of the students enrolled in grades K-12 (see Figure 6), but made up 58% of those labelled retarded, 81% of those with serious emotional disturbance, and 70% of those with specific learning disabilities. Only 46% of students enrolled in gifted and talented programs were boys.

At-Risk programs

The distribution of At Risk monies to Indiana's schools changed markedly for the 1993-94 school year.[70] Between SY 1988-89 and SY 1992-93, At Risk funds were used to support services for students considered to be "at risk" of dropping out of school. During the 1992-93 school year, At Risk funds supported 606 programs in 293 school corporations.[71] New regulations introduced in 1994 mandated the use of earmarked funds for At Risk services in only in schools where 20% or more of the enrolled students were considered to be potential dropouts.

Under the new regulations, 238 programs in 68 school corporations received funds mandated for support of At Risk student programs. The other schools did not lose dollars previously designated "At Risk," however. Rather, these funds were folded into their general allocations. Some schools have contin-

Table 8. Unduplicated Count of Indiana Students Receiving Special Education Services by Exceptionality Area, 1992-93 and 1993-94

	School Year		%
	1992-93	1993-94	Increase
Mentally handicapped	17,575	18,339	4.3
Hearing impaired	1,004	1,099	9.5
Speech impaired	40,597	41,070	1.2
Visually handicapped	387	440	13.7
Seriously emotionally handicapped	6,364	6,957	9.3
Orthopedically impaired	794	848	6.8
Other health impaired	238	580	143.7
Specific learning disabled	47,634	48,963	2.8
Deaf/blind	37	47	27.0
Multiply handicapped	590	598	1.4
Traumatic brain injured	104	201	93.3
Autism	360	487	35.3
Total special ed. enrollment	115,684	119,629	3.4
School enrollment	955,475	964,352	.9
Percent of Indiana students receiving special education services	12.1	12.4	--

SOURCE: Indiana Department of Education

ued to direct these dollars to the support of special services for their most vulnerable students. Present reporting requirements do not make it possible to trace the fate of programs in schools no longer receiving designated funds.

Education reform

Education reforms between 1980 and 1994 have been thoroughly documented in a new publication of the Indiana Education Policy Center.[72] Only three will be mentioned here.

Tech prep

The Indiana General Assembly passed workforce-development legislation in 1992 and 1993 that mandated major education reforms. One measure reduced the three tracks (general education, vocational/technical, and college preparatory) to two: "tech prep" and "college prep." As designed, tech prep classes were to emphasize demanding academic content delivered via "hands-on" pedagogy. Legislation mandated that the tech prep program option be made available to all Hoosier high-school students in the fall of 1994. Additional reforms, such as career education in grades K to 12, were designed to help prepare Hoosier students for life beyond high school. A state standards task force (representing business, labor and education) was formed to study and make recommendations to the state board of education concerning essential skills standards and instruments to provide more effective and relevant assessment of educational attainment.

The IPASS assessment program

In addition to mandating improved academic standards for all students, the 1992 and 1993 workforce development legislation required that the State Board of Education adopt performance standards for what a student must know and be able to do to be prepared for work or for postsecondary education. A new testing program, IPASS (Indiana Performance Assessment for Student Success) was to be initiated in October 1995 to replace the ISTEP testing program in use since 1988. IPASS includes statewide exams to be given in grades 3, 4, 8, 10, and 12. In grades 2, 5, 6, 7, 9, and 11, teachers will also have the opportunity to assess students, but the results will be for instructional purposes only and will not be compiled statewide.

The test to be given in grade 10 has special significance as Indiana joins 20 other states with graduation exams. Hoosier students in the Class of 1998 were to be the first required by state law to pass the "Gateway Test" in order to receive their high school diplomas. According to the plan, students who fail the test will receive remediation and will be given additional opportunities to pass the test in grades 10, 11, and 12.

As originally planned, the IPASS testing system is expected to cost about $10 million per year for test development and administration, $10 million for professional development and $50 million for remediation. The fate of IPASS rests with the legislators who must approve appropriations needed to carry it out.[73] At this writing, the IPASS assessment program is generating much debate in the General Assembly. Proposals range from delaying the introduction of IPASS until 1996 to rethinking it altogether.

The Core 40 curriculum

In 1994, the Indiana Department of Education and the Indiana Commission for Higher Education, in collaboration with Indiana business executives, created a 4-year high-school curriculum based on 40 courses (see Box C, p. 24). The Core 40 curriculum will become the entrance standard for all public postsecondary institutions in Indiana.

Health and well-being

Healthy People 2000

Throughout this section describing the health of Hoosier children, reference will be made to Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Through strategies related to more than 300 objectives in 22 priority areas, this comprehensive prevention initiative seeks to increase the span of healthy life for Americans, to reduce health disparities among Americans, and to ensure that all

Americans have access to preventive services. Using national data from 1987 as a benchmark for measuring progress, most states, including Indiana, are working toward meeting the Healthy People 2000 objectives.

Box C
Indiana Core 40
Curriculum

Language Arts
8 credits
Literature, composition, speech

Mathematics
6-8 credits

2 credits – Algebra I
2 credits – Geometry
2 credits – Algebra II
2 credits – Trigonometry*
2 credits – Calculus*
(*required at some high schools)

Science
6 credits

2 credits – Biology
2 credits – Chemistry or Physics
2 credits – Advanced Biology, Chemistry, Physics, or Earth/Space Science

Health/Safety
1 credits (one semester)

Social Studies
6 credits

2 credits – U.S. History
1 credit – U.S. Government
1 credit – Economics
1 credit – World History and/or Geography
(and 1 additional course from above or other social studies areas)

Directed Electives
8 credits
Additional courses in the above subject areas or courses in foreign languages, fine arts or computer applications.

Electives
2-4 credits

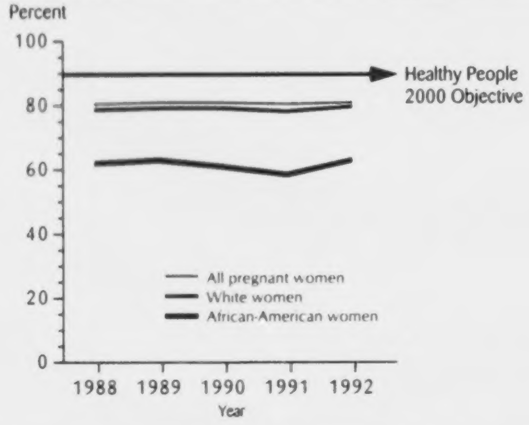
Physical Education

Prenatal care

Care beginning in the first trimester and extending regularly throughout pregnancy is crucial for a healthy, full-term birth outcome. A recent study found that increasing the number of times a pregnant woman received prenatal care substantially reduced the number of low-birthweight infants.[74] Early care enhances the possibility for early identification of risks and problems and for making appropriate interventions.

Bringing all pregnant women into early and continuing care is a national challenge. A Healthy People 2000 objective seeks to increase to 90% the proportion of women who receive prenatal care in the first trimester of pregnancy. In 1987, when the goals were established, 76.0% of American women received early care; by 1991, the proportion had risen only very slightly, to 76.2%.[75] The news was somewhat better in 1992, with the first real rise in prenatal care to 77.7%, but no state had yet attained the national objective. One in twenty (5.2%) pregnant women in the United States did not begin care until the third trimester, if they had any care at all prior to giving birth.[76] In Indiana, the statistics were slightly more favorable than the national averages (see Figure 7).

Figure 7. Percent of Mothers Who Received Prenatal Care in the First Trimester of Pregnancy, Indiana, 1988-1992



SOURCE: Indiana State Department of Health, Vital Statistics Division, 1994.

In 1992, 79.1% of pregnant Hoosier women received first trimester prenatal care, the highest proportion in five years.[77]

Only one Indiana county achieved the Healthy People 2000 objective in 1992: Dubois, where 90.5% of pregnant women received early care. Fewer than six in ten pregnant women received early prenatal care in two counties: Daviess (59.1%) and LaGrange (55.1%).[78]

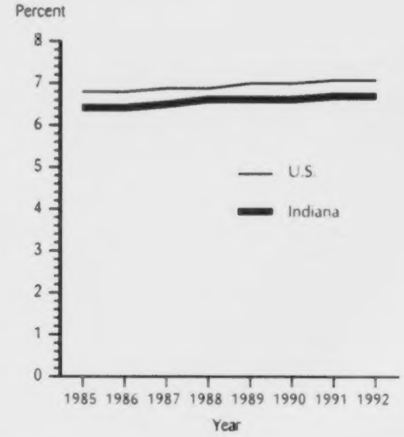
Low birthweight

Birthweight is the principal predictor of infant survival and health; babies who weigh at least 2,500 grams (5.5 pounds) have a much better start in life. Low birthweight is directly related to the infant mortality rate. Advances in neonatal technology have greatly increased the *survival rates* of tiny, fragile infants but medical technology has accomplished very little in reducing the *incidence* of low birthweight. Social interventions are needed to bring about changes in the factors that lead to low birthweight. Whether the result of inadequate growth for gestational age or premature birth, low birthweight is associated with the mother's age and health, her socioeconomic status and nutritional adequacy, care received during pregnancy, and her use of tobacco, alcohol and other drugs.

Two Healthy People 2000 objectives relate to birthweight: reducing the incidence of low birthweight to 5% of all live births, and reducing the incidence of very low birthweight (less than 1,500 grams) to 1% of all live births. Efforts to meet this objective have proved frustrating; nationally, the incidence of low birthweight in 1992 remained unchanged from 1991 at 7.1%. This rate is the highest recorded since 1978. Nationally, the incidence of very low birthweight has also increased, from 1.2% in 1987 to 1.3% in 1991; this rate also remained unchanged in 1992.[79] Birthweight patterns in Indiana have been similar (see Figure 8).[80]

In 1987, the base year for measuring progress toward the Healthy People 2000 objective, the incidence of low birthweight in Indiana was 6.5%. The rate rose to 6.7% in 1991 and remained unchanged in 1992.

Figure 8. Percent Low Birthweight Babies, Indiana and United States, 1985-1991



SOURCE: *KIDS COUNT Data Book 1994*; Indiana State Department of Health, Public Health Statistics.

There were 5,655 infants born at low birthweight in 1992.

In 1987, the incidence of very low birthweight in Indiana was 1.1%. The rate increased to 1.2% in 1988 and has remained at that level in every year since; 1,020 infants were born at very low birthweight in 1992.

Age of the mother

One factor associated with the rise in numbers of low-birthweight infants is the rise in numbers of adolescent women giving birth. Very young mothers are more likely to have low-birthweight infants (see Figure 9, p. 26).

Adolescents ages 15 to 19 gave birth to 13.9% of all Hoosier infants in 1992; mothers in this age group gave birth to 18.0% of the infants born at low birthweight and 18.3% of infants born at very low birthweight.

Adolescents ages 10 to 14 gave birth to .2% of all Hoosier infants in 1992, but to .4% of the low-birthweight infants and .4% of those born at very low birthweight.

Outcomes related to low birthweight

Many infants born too soon or too tiny die shortly after birth. Since the 1980s, however, perinatal technology has increased the survival rate of very small infants. Even about three in ten infants born at 750 grams or less now survive. For many of these tiny babies, problems do not end when they leave the neonatal intensive care unit. As survival rates increased, researchers documented the ongoing health problems of these infants. There are now sufficient numbers of these survivors to follow into school age. On the whole, the findings of long-term outcomes of extremely low birthweight infants are not encouraging.

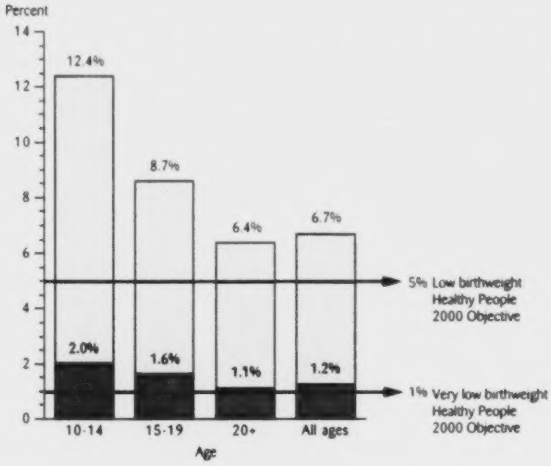
In one study, a group of 68 infants with birthweights less than 750 grams was compared with a group of 65 infants with birthweights between 750 and 1,499 grams and a group of 61 infants born at term.[81] All children studied were born in the Cleveland area and were compared at an average age of six to seven years. Directly related to weight at birth were the incidence of adverse physical outcomes such as cerebral palsy, visual and hearing disabilities, and growth progress. Low intelligence, limited academic skills, poor visual-motor functioning, poor gross-motor functioning and poor adaptive functioning were also directly related to birthweight. Behavioral problems were most common among the group that was smallest at birth.

Children from the lowest birthweight group were more than three times as likely to require special-education placement as children born at term. Even those children in the 750- to 1,499-gram-birthweight group were nearly twice as likely to require special-education placement as children born at term. The authors of the study concluded that "very-low-birthweight children . . . are at serious disadvantage in every skill required for adequate performance in school." The results of this study suggest that birthweight is a significant predictor of poor academic progress.

Immunizations

Much of the progress in health made in the 20th century has been an outcome of effective immunization strategies. Full protection requires that a child follow a regular schedule of immunizations starting in infancy and extending into early adolescence.

Figure 9. Percent Infants Born at Low and Very Low Birthweight by Age of Mother, Indiana, 1992



SOURCE: Indiana State Department of Health; Public Health Statistics.

School-age children

Indiana's health officials, in collaboration with staffs of the state's public and private schools, have worked hard to raise the immunization levels of Hoosier children. The first comprehensive immunization law mandating that all students in Hoosier schools be immunized went into effect in 1980. Only 87% of entering kindergarten pupils met the minimum requirements that year.

By the 1993-94 school year, 96% of kindergartners were immunized. Slightly fewer prekindergarten pupils, 92%, were fully immunized. Among "new enterers" into other grades in Hoosier schools, 96% were immunized.[82]

Beginning in the 1991-1992 school year, sixth-graders were required to have a second dose of measles-containing vaccine. In the 1993-94 school year, 98% compliance was achieved.[83]

Two-year-olds

While immunization statistics for school-age children are improving, younger Hoosiers – the most vulnerable to serious illness and death from vaccine-preventable disease – do not fare as well. Vaccination has proved to be the most cost-effective preventive measure against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae type b (Hib), and hepatitis B. For each dollar spent on immunizations, $10 to $14 is saved in medical costs to treat these diseases. The Healthy People 2000 objective is to raise to 90% the proportion of children at age two years who have completed the immunization series.[84]

> The latest retrospective study of immunization records of entering kindergarten pupils in 1993-94 showed that only 53% of them had been fully immunized three years earlier, at age two (that is, in 1990).[85]

Although this statistic suggests that Indiana is a long way from the Healthy People 2000 objective, new strategies are expected to bring that objective within reach. With the help of a grant from the Centers for Disease Control and Prevention, the Indiana Immunization Action Plan to increase immunization levels was launched in late 1992. This comprehensive plan links the efforts of state programs, private providers, communities, businesses, and volunteer organizations.[86] Public Health Department immunization clinic surveys conducted in 1994 indicated that 59% of two-year-old children were up-to-date.

The President's Childhood Immunization Initiative (CII) has established interim immunization goals for two-year-old children on the way to meeting the Healthy People 2000 objective. Clinic audits in 1994 showed that Indiana met two of the interim goals:

> At 86%, the DPT (diptheria/pertussis/tetanus) inoculation level exceeded the interim goal of 80%. At 81%, the Hib inoculation level exceeded the interim goal of 75%.
>
> Levels for OPV (oral polio vaccine), at 70% and MMR (measles/mumps/rubella) at 79%m were slightly below the goals of 75% and 85%, respectively. Hepatitis B was not assessed because the vaccine was not available to all public providers until 1994.

Lead poisoning

Virtually all children are at risk of environmental exposure to lead. Children younger than age six are the most susceptible to the toxic effects of lead, both because they absorb more lead than adults and because they have more hand-to-mouth activity than adults. Lead may enter the body through contaminates in air, food, water, dust and soil. Common environmental sources of lead are solder, lead-based paint and contaminated areas around lead smelting plants. Progress has been made in reducing lead in gasoline, industry emissions in air and water, and in food sources. Lead in paint produced before 1978 – and in dust and soil – remain the most common origins of lead exposure.[87] Hoosier children may be particularly likely to encounter lead-based paint, since 85% of the state's housing stock was built prior to 1980.[88]

Research findings that became available in 1991 showed adverse effects in children with blood lead levels much lower than previously thought to be dangerous – at levels as low as 10 micrograms per deciliter (100 grams) of blood (written as 10ug/dL). At this level, lead poisoning is insidious, for many symptoms are not immediately obvious. Nevertheless, these effects include lowered intelligence, impaired neurological development, liver and kidney damage, decreased growth and stature, and hearing impairment. High levels of lead (at 80 ug/dL or more) can cause coma, convulsions and even death.[89]

The Indiana State Department of Health (ISDH) is working with local health departments, social service agencies and private industry to combat this number-one environmental health issue for children. ISDH received a grant from the Centers for Disease Control and Prevention (CDC) that enabled Indiana to adopt much more aggressive detection activity with more sophisticated laboratory equipment, environmental investigations and local case management. More than 40,000 screenings for blood lead were conducted in fiscal years 1993 and 1994. Nearly one in nine Hoosiers younger than age six was found to have an unsafe blood lead level[90] (see Table 9, p. 27). Indiana has a long way to go if the state is to meet the Year 2000 Objectives for childhood blood lead levels.[91]

Table 9. Projected Statewide Incidence of Elevated Blood Levels in Children Ages 6 and Younger

Blood Levels	FY 1993 (%)	FY 1994 (%)
≥ 10 ug/dL	12.4	10.9
≥ 15 ug/dL	5.0	5.0
≥ 20 ug/dL	2.5	3.2
Total children with elevated blood levels	19.9	19.1
Total screenings	42,340	42,071

Note: ug/dL stands for micrograms per deciliter (100 grams) of blood.

SOURCE: Indiana State Department of Health.

Health insurance

Recent debate about access to health care in the United States has drawn attention to problems in the current system of financing this care. In 1992, the number of Americans without health insurance numbered some 35 million and was growing. As premiums for private coverage have mounted, many employers have cut back or eliminated health benefits, or they shifted an increasing share of premium costs to employees. Although workers themselves may retain coverage through their employers, rising costs have forced some to forego coverage for their family members.

The recent economic recovery has improved health insurance coverage for young Hoosiers relative to the nation's children as a whole. An Urban Institute analysis of Current Population Survey data measured change between the periods 1988-1990 and 1990-1992. Nationally, employer coverage of children declined by 3% in this period, while other forms of private coverage did not change. Medicaid coverage increased by 4%, however, so that overall the number of uninsured children fell by 1%.[92]

In Indiana, employer coverage increased 1.2%, but other forms of private coverage fell by 1%. Medicaid coverage of children increased by 3.6%, so that overall, the number of uninsured Hoosier children fell by 3.7%.[93]

National KIDS COUNT estimates for children without health insurance in 1992 were 13.0% in the nation as a whole and 10.7% in Indiana.[94] In numerical terms, this percentage means that some 157,000 Hoosier children lacked health insurance.

Mortality: Dying too young

Deaths of young Hoosiers

Major progress has been made over the course of the 20th century in reducing deaths among infants and children. In 1900, one in three children did not survive to see a fifth birthday. As a result of better sanitation and public health strategies, better understanding of how diseases are acquired and transmitted, better prenatal care and more effective treatment methods – particularly the development of antibiotics – 990 in 1,000 Hoosier children now reach the age of five.

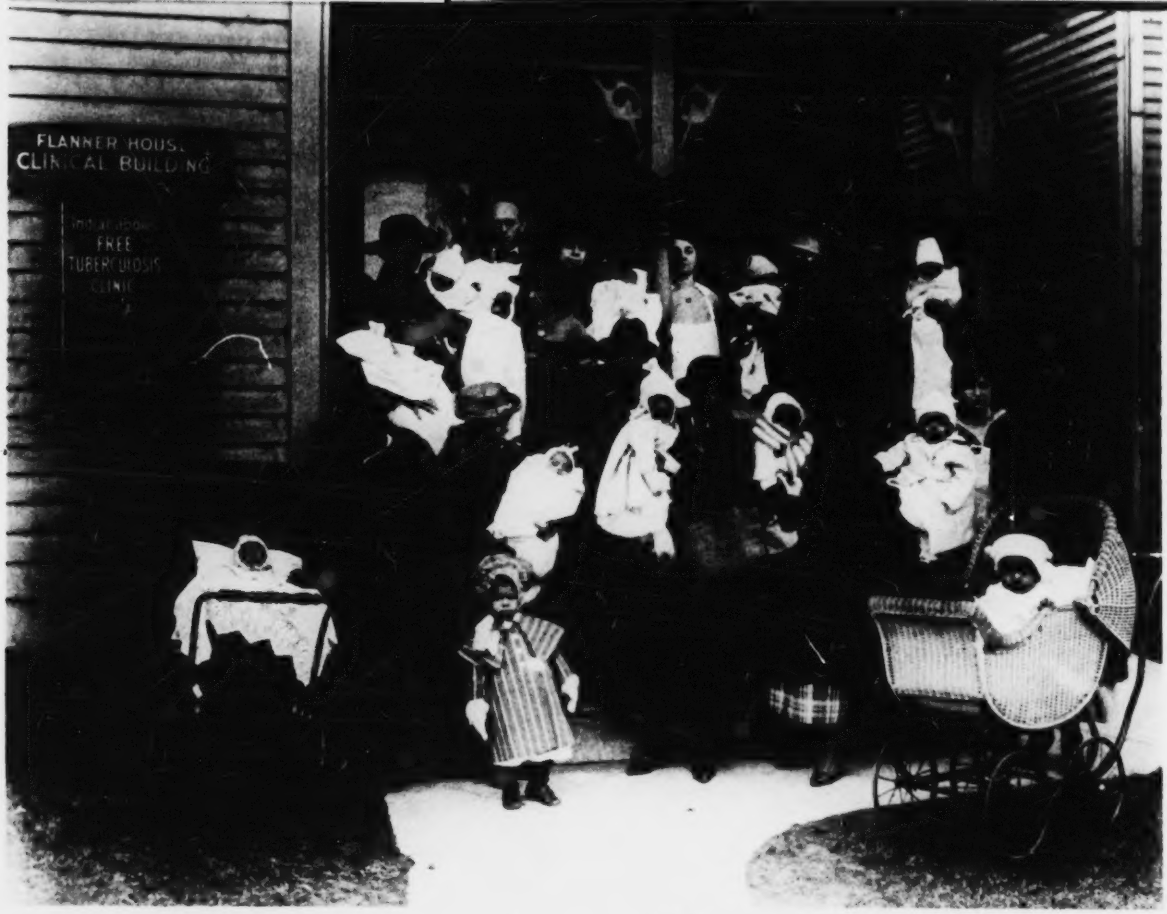
In 1992, there were 1,444 deaths among Hoosiers younger than age 20, down nearly 9% from 1,582 deaths in 1991. Still, many of these deaths were preventable (see Table 10, p. 29).

Infant deaths

Indiana, along with the rest of the nation, has been struggling to lower the infant mortality rate. For more than a decade, the trend in infant mortality has been slowly downward. The United States continues to lag behind all other industrialized and many developing nations in reducing infant mortality. Indiana continues to lag behind the United States average (see Figure 10, p. 29). The infant mortality rate in the United States fell to 8.5 per thousand live births in 1992, the lowest ever recorded. Infant mortality is strongly influenced by socioeconomic factors. Both nationally and in Indiana, the mortality rate for African-American infants is about two and one-half times higher than the rate for white infants.

For the first two decades of the 20th century, responsibility for maintaining the well-being of community members fell heavily on private philanthropy. In 1919, Flanner House, an Indianapolis settlement that still plays an important civic role, established a tuberculosis clinic that provided both medical services and health education for mothers of young children. Private giving and volunteering remain a vital part of the social services system in Indiana.

Credit: Indiana Historical Society


FLANNER HOUSE
CLINICAL BUILDING
FREE
TUBERCULOSIS
CLINIC

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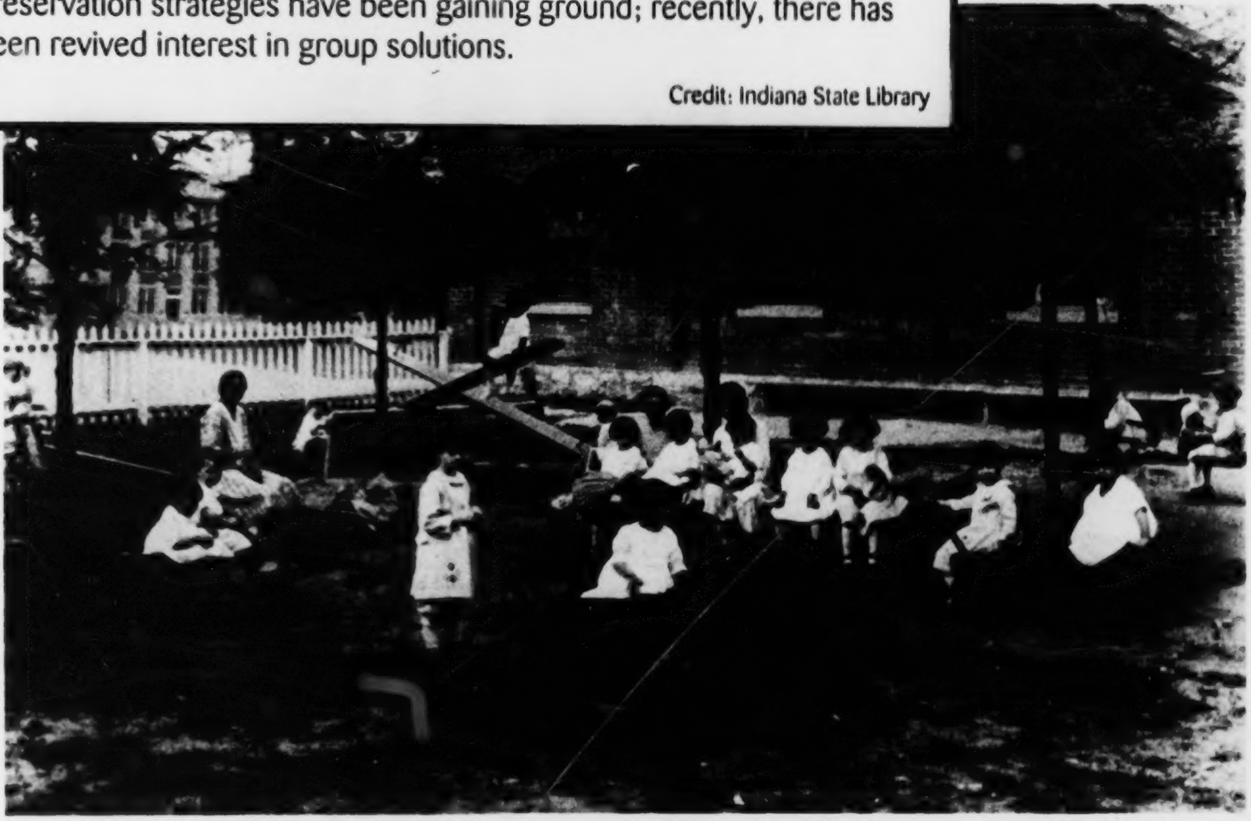
St. Vincent's orphanage in Allen County provided a home for boys and girls of all ethnic groups, as this photo from about 1910 shows. From mid-19th-century until the early decades of the 20th century, orphanages, guardians' homes and houses of refuge provided protection for the nation's destitute and dependent children. Needy young Hoosiers were cared for in a variety of institutions supported by county or local tax, or, like St. Vincent's, as private charities. Many were segregated by race and gender. Following the first White House Conference on Children in 1909 and the establishment of the federal Children's Bureau in 1912, child-care philosophy shifted. Orphanages were phased out in favor of providing "mothers' pensions" that allowed single parents to stay at home and care for their own children, or, that being infeasible, placing children in foster homes until they could be permanently adopted by other families. Once again, there is public debate about dependent children. For the past decade, intensive family-preservation strategies have been gaining ground; recently, there has been revived interest in group solutions.

Credit: Indiana State Library



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As was true for most Americans, a high-school education was still out of reach for most Hoosier young people when the Class of 1898 was graduated from Central Academy in Plainfield, Indiana. In 1900, fewer than 7% of all American adults were high-school graduates. As we approach the end of the century, a high-school diploma has been transformed from a luxury to the minimum credential for a well-paying job. A National Education Goal for the year 2000 strives to keep 90% of young Americans in school until they are graduated.

Credit: Indiana State Library

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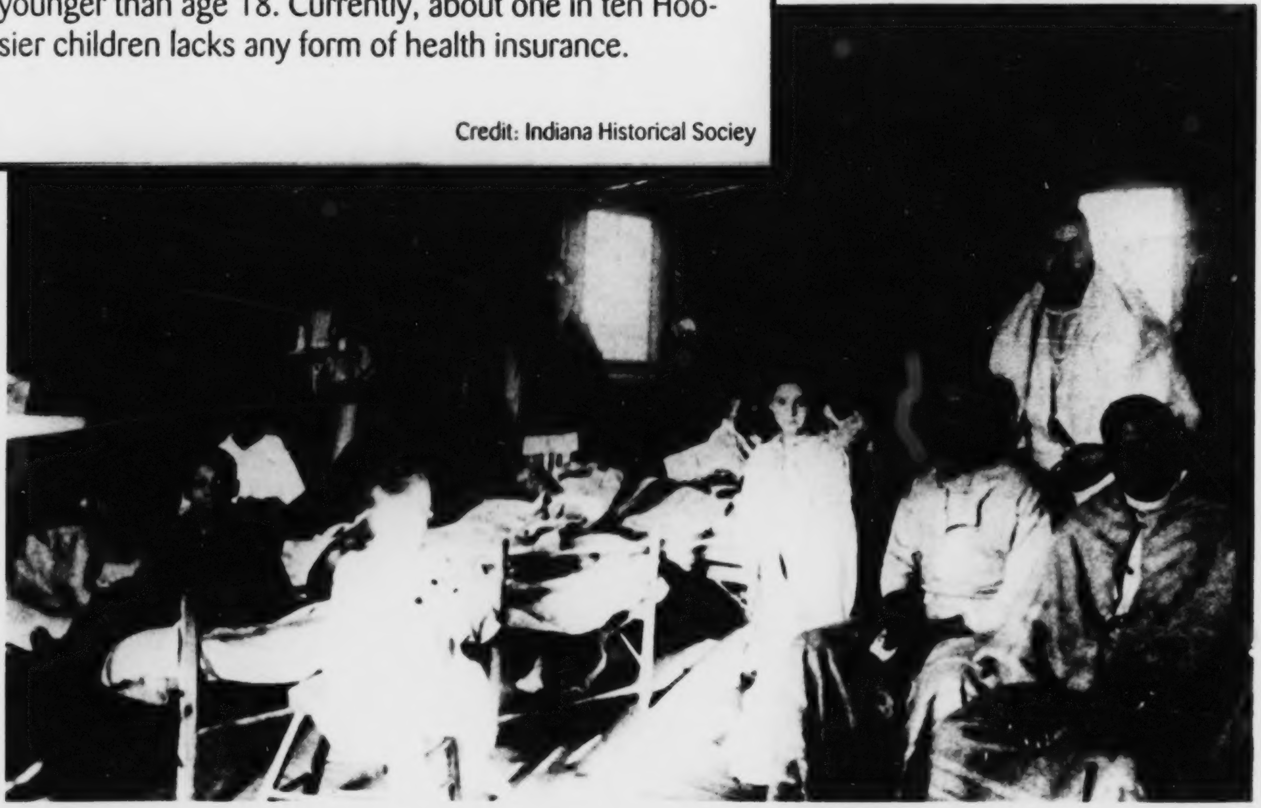
Although the Indianapolis City Hospital had been operating for about 25 years by 1903, poor people with smallpox were relegated to the "pest house," a lean-to located at about 15th Street and Fall Creek. As the photograph shows, being impoverished and contagious was enough to break down the usual boundaries of race, gender and age that prevailed in most institutions of that period. A note accompanying the photograph provides additional information about the conditions of medical care for the poor. Of the 240 patients who entered the pest house between January 12 and April 14, 1903, 50 died. The youngest was 8 weeks old. The Medicaid program, created in 1965, brought medical services to more than 600,000 poor and low-income Hoosiers in 1994; more than half the Medicaid recipients were children younger than age 18. Currently, about one in ten Hoosier children lacks any form of health insurance.

Credit: Indiana Historical Sociey



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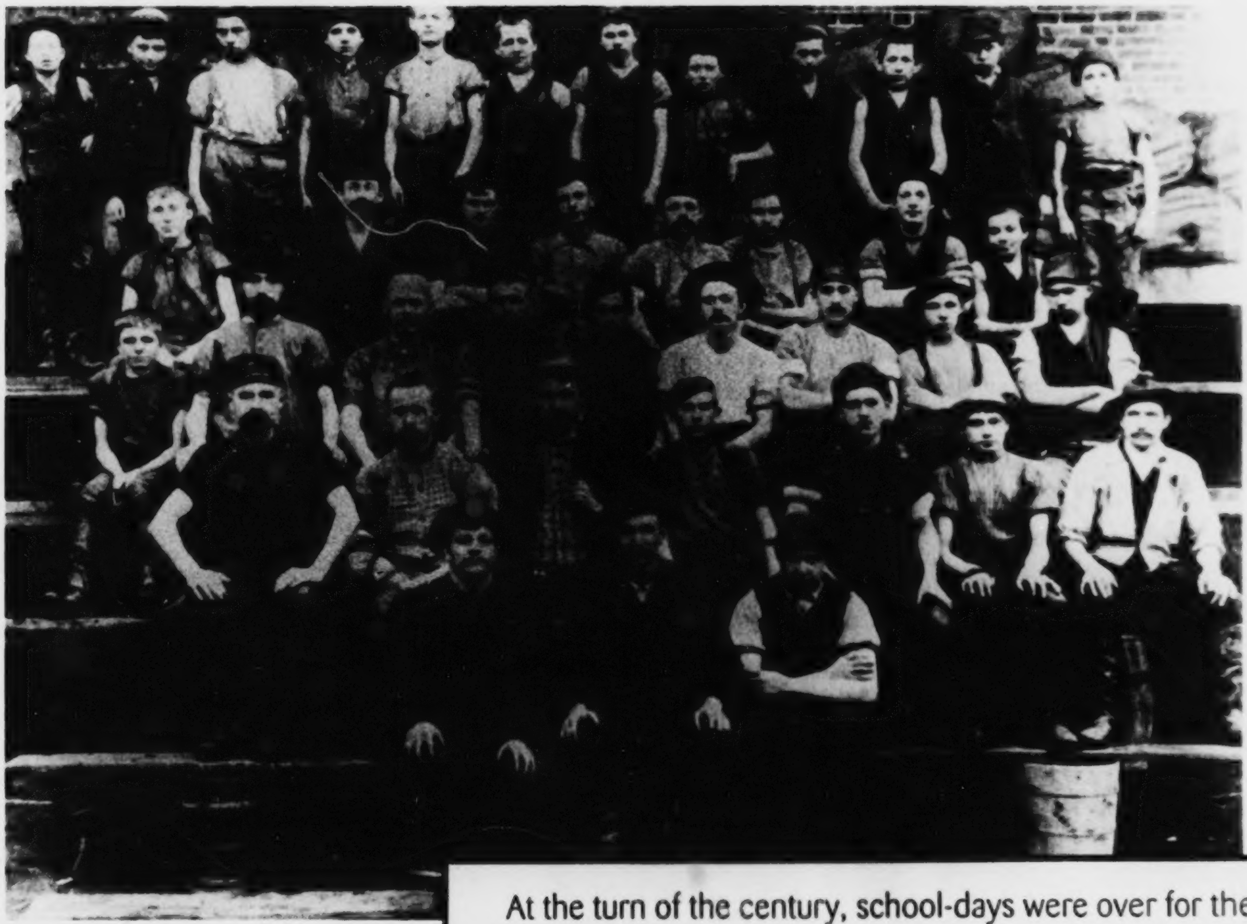

At the turn of the century, school-days were over for the adolescents already in the nation's labor force. This photograph (taken in the 1890s) shows that a number of young boys were included among workers in the G. H. Hammond Co., a packing house in Hammond, Indiana. Beginning in about 1915 and continuing through the 1930s, a series of federal and state laws greatly curtailed child labor. Current Indiana Child Labor Laws include age and hour restrictions, safety requirements, school attendance and school progress provisions. In Fiscal Year 1993-94, the Indiana Bureau of Child Labor found more than 1,500 minors working without permits and 2,600 violations of working hours. In all, 1,142 firms were found in violation of child labor regulations.

Credit: Powell Moore Collection, Indiana State Library

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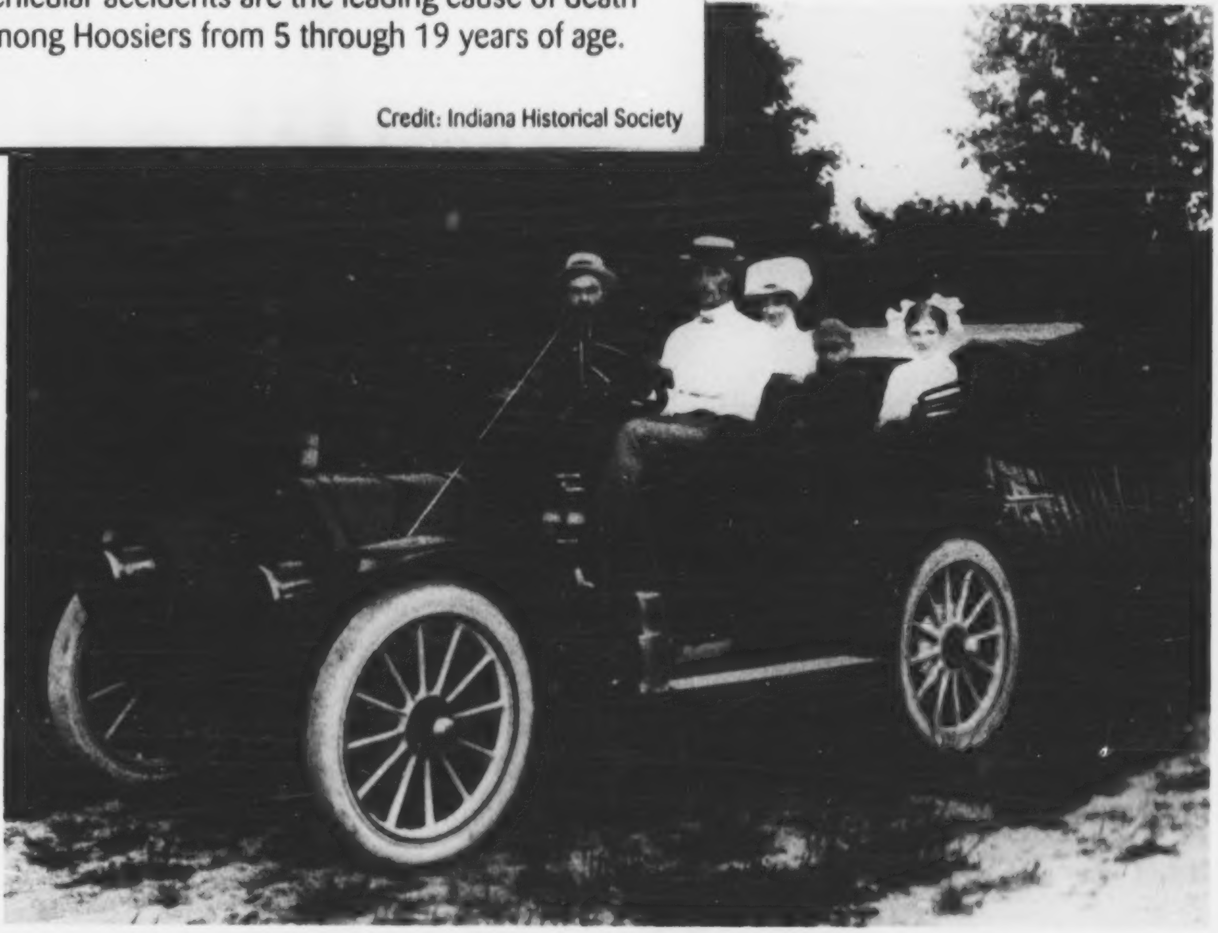
Few could envision the transformation that the automobile would bring to American society when this Fortville family was photographed in 1910 in their new Indiana-made Reo. For Hoosiers of all ages, automobiles have provided great convenience and mobility. Obtaining a driver's license at age 16 has become an almost universal rite of passage. The automobile has been a mixed blessing, however. Vehicular accidents are the leading cause of death among Hoosiers from 5 through 19 years of age.

Credit: Indiana Historical Society



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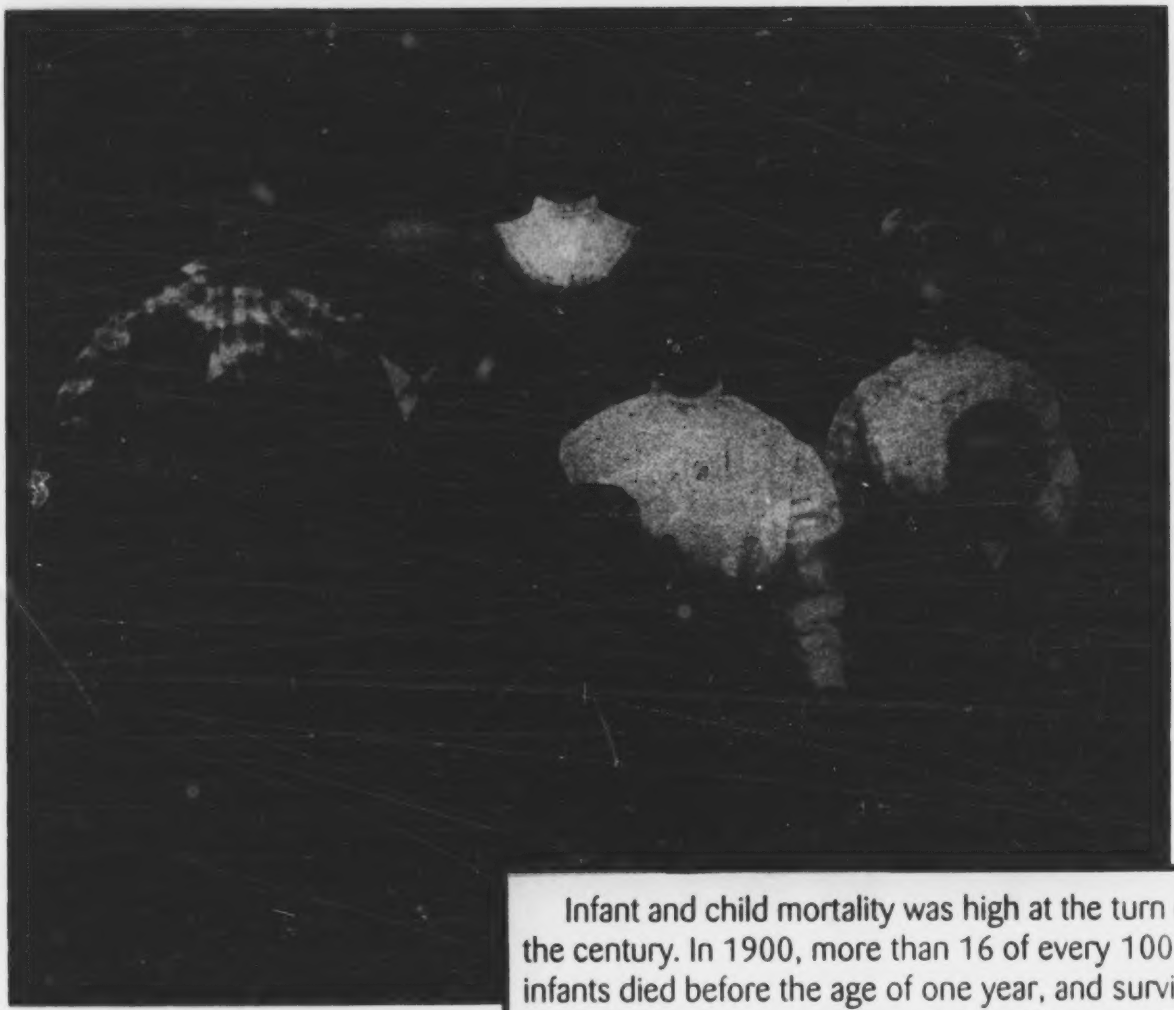

Infant and child mortality was high at the turn of the century. In 1900, more than 16 of every 100 infants died before the age of one year, and survivors of infancy remained very vulnerable throughout childhood. Brown County photographer Otto Ping made this portrait of the Barker family of Beck's Grove Ridge in about 1908. Of the nine children born to the Barkers, only three lived to adulthood. The little boy on the right end of the front row died before Ping had printed the photograph. In 1994, mortality rates of Hoosier infants and children remained above the national average.

Credit: Otto Ping Collection, Indiana Historical Society

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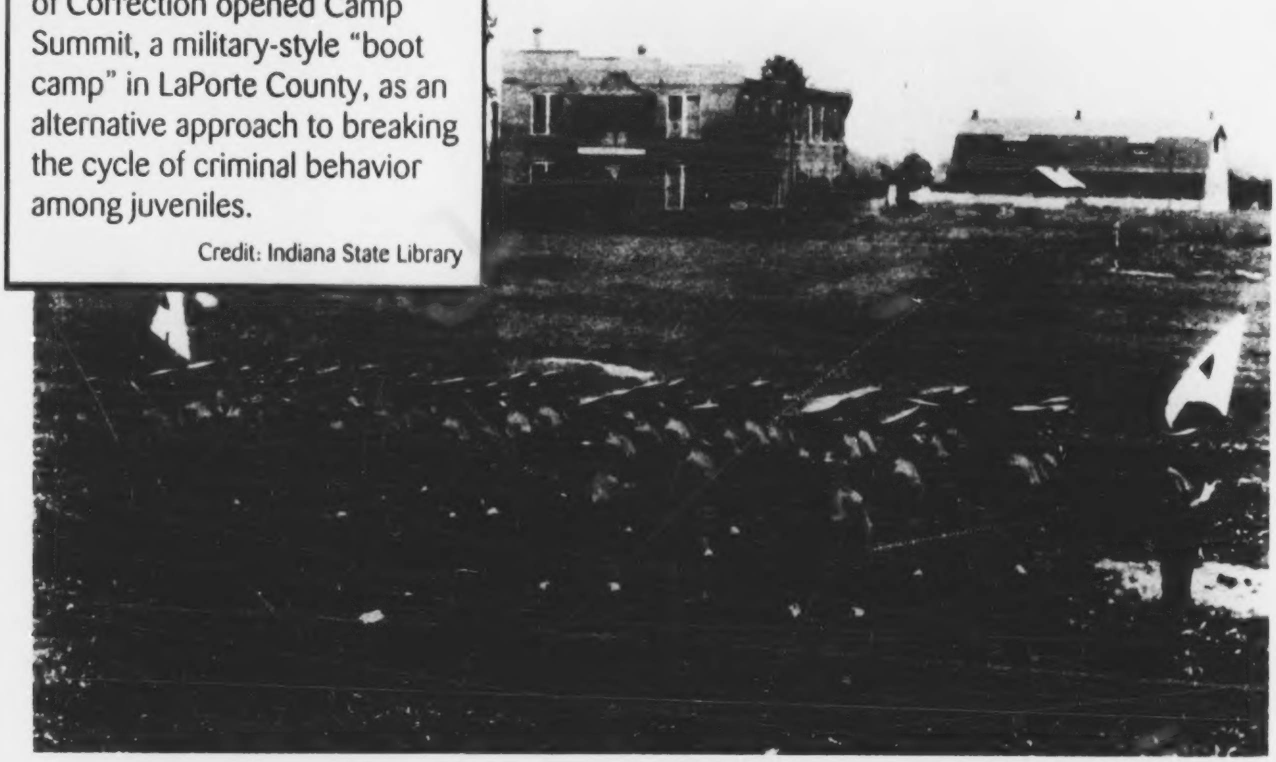
The House of Refuge for Juvenile Offenders, created by the Indiana General Assembly in 1887, had opened its doors to 112 boys by the end of 1888. In 1903, the House of Refuge became the Indiana Boys' School (IBS). By 1909, 699 boys were living on the campus in Plainfield. As was true in similar institutions across the nation, IBS adopted a military model of discipline to "reform" young offenders. In time, IBS abandoned the military uniforms and drill depicted in this 1929 photograph. On April 3, 1995, the Indiana Department of Correction opened Camp Summit, a military-style "boot camp" in LaPorte County, as an alternative approach to breaking the cycle of criminal behavior among juveniles.

Credit: Indiana State Library



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The 1992 infant mortality rate in Indiana was 9.3 per 1,000 live births – the same as in 1991.[95] This is a considerable improvement over the state's infant mortality rate of 11.0 per 1,000 live births in 1988. Progress appears to be slowing, however. *Provisional* data for 1993 show only a slight improvement, to 9.1. This rate compares with a provisional national rate of 8.3 in 1993.[96]

Both Indiana and the nation have a long way to go if they are to reach the Healthy People 2000 objective of an infant mortality rate of 7.0 per thousand live births.

Much of the progress in reducing infant mortality has depended on increasingly effective medical technologies for dealing with congenital anomalies and problems associated with prematurity and low birthweight. Many specialists in this field feel that technology may be reaching its limits in combatting neonatal problems and that significant further reduction in infant mortality will depend on alleviating the social factors associated with poor birth outcomes. These include the age, health and socioeconomic status of the mother, whether or not she used tobacco, alcohol or other drugs, and adequacy of prenatal care,

Table 10. Underlying Causes of Death by Age Group, Indiana 1992

Causes	Age <1	Age 1-4	Age 5-14	Age 15-19	Total <20
Congenital anomalies	181	22	13	5	221
Sudden infant death syndrome	121	--	--	--	121
Disorders from short gestation and unspecified low birthweight	107	--	--	--	107
Respiratory problems	82	3	6	4	95
Maternal causes	35	--	--	--	35
All other perinatal conditions	42	1	--	--	43
Placenta, cord, membranes complications	26	--	--	--	26
Infections (perinatal)	20	--	--	--	20
Intrauterine hypoxia, birth asphyxia	16	--	--	–	16
Accidents (except motor vehicle)	18	32	39	36	125
Motor vehicle accidents	4	20	48	132	204
Cancer	2	5	18	16	41
Other diseases of the nervous system	5	10	10	5	30
Septicemia	10	1	--	1	12
Homicide	7	12	12	41	72
Suicide	--	--	7	44	51
Heart disease	14	7	6	7	34
Pneumonia	17	1	2	3	23
AIDS	1	2	1	1	5
Other causes	77	24	29	33	163
Total all deaths	785	140	191	328	1,444

Note: With the exception of AIDS, only causes from which at least 10 deaths occurred in at least one age group are itemized

SOURCE: Indiana State Department of Health, Public Health Statistics

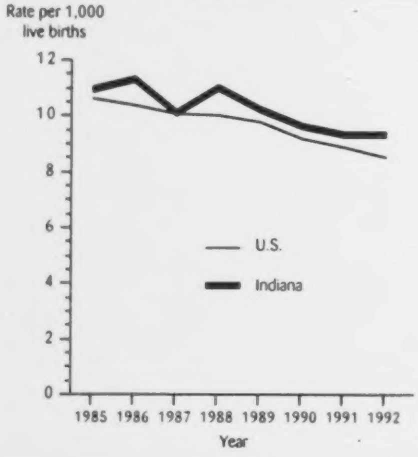
Child deaths

The child death rate is based on mortality from all causes per 100,000 children ages 1 through 14. The overall trend in child deaths has been downward for several years (see Figure 11, p. 30). Indiana's child death rate has fluctuated around the national rate for nearly a decade, but is still above the Healthy People 2000 Objective of a child death rate that does not exceed 28 per 100,000 children ages 1 through 14.

In 1992, the death rate was 29.0 per 100,000 children ages 1 through 14 in Indiana, down from 31.8 per 100,000 in 1991, and nearly the same as the 1992 national rate of 28.8 per 100,000. There were 331 deaths among Hoosier children in this age group in 1992, compared with 372 deaths in 1991.

Deaths from non-vehicular accidents dropped from 95 in 1991 to 71 in 1992, and deaths from vehicular accidents declined from 71 to 68.

Figure 10. Infant Mortality Rate, Indiana and United States, 1985-1992



SOURCE: *KIDS COUNT Data Book 1994*; Indiana State Department of Health, Public Health Statistics

Homicide deaths rose from 11 in 1991 to 24 in 1992. Suicide deaths among younger children also rose in this period, from 4 to 7.

Teen violent deaths

The teen violent death rate is based on mortality from vehicular accidents, nonvehicular accidents, homicide and suicide per 100,000 15-to-19-year-olds. Violent deaths among Hoosier teens have fluctuated since 1985, but the overall pattern is upward, similar to that for the nation as a whole (see Figure 12).

In 1992, the violent death rate was estimated at 62.4 per 100,000 teens ages 15 to 19. The 1992 rate was a marked decline from the rate of 75.9 per 100,000 in 1991. The number of deaths declined 19% from 311 in 1991 to 253 in 1992.

Deaths from all four causes declined between 1991 and 1992. Motor vehicle accidents remained the leading cause, accounting for 132 deaths in 1992. There were 36 deaths from nonvehicular accidents, 41 from homicide and 44 from suicide.

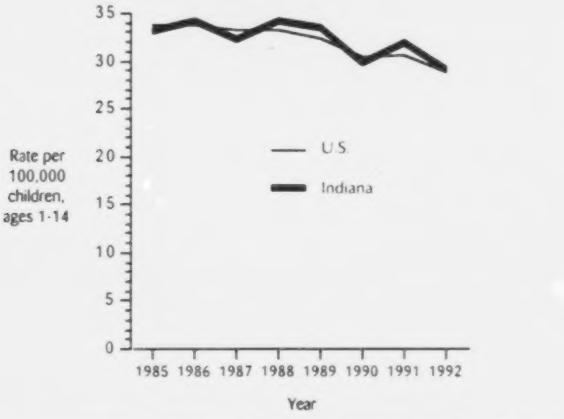
The suicide rate among 15- to 19-year-olds fell from 15.8 per 100,000 in 1991 to 10.8 per 100,000 in 1992. This rate is still well above the Healthy People 2000 objective, a rate of 8.2 per 100,000.

The teen years: High-risk behaviors

Adolescent sexual behavior

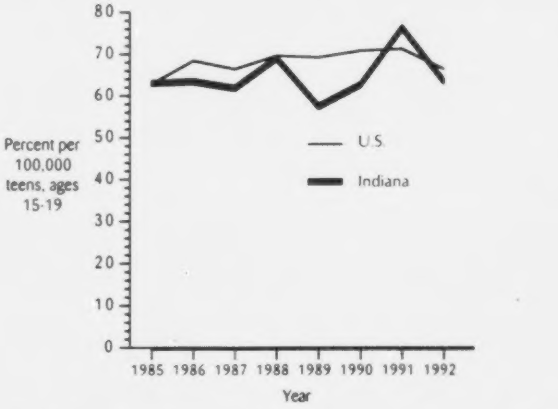
Sexual activity among adolescents is an age-old concern. Today's teens, who typically have their onset of puberty about a year earlier than their parents and an additional one or two more years earlier than their grandparents, are subject to many mixed messages about expressing their sexuality. Amidst such confusion, two-thirds of the respondents to a recent Indiana Youth Poll reported that they relied primarily on their own judgment when deciding whether or not to have sex. Parents and boy- or girlfriends ran a distant second and third as sources of influence.[97] Whatever the influences guiding their actions, more and more unmarried teens are becoming sexually active, and at younger ages.

Figure 11. Death Rate Among Children Ages 1-14, Indiana and United States, 1985-1992



SOURCE: *KIDS COUNT Data Book 1994*; Indiana State Department of Health, Public Health Statistics

Figure 12. Teen Violent Death Rate, Indiana and United States, 1985-1992



SOURCE: *KIDS COUNT Data Book 1995*; Indiana State Department of Health, Public Health Statistics

Nationally, 36% of 15-year-old girls and 44% of 15-year old boys reported being sexually active in 1991. Among 17-year-olds, 66% of the girls and 68% of the boys were sexually active.[98] Young Hoosiers reported similar patterns of behavior when responding to the Indiana Student Health Survey in 1991.

> Sexually active 9th-graders included 31% of the girls and 41% of the boys. Among 12th-graders, 70% of the boys and 66% of the girls reported being sexually active.[99] Attempts to meet the Year 2000 Objective of reducing the sexually active to no more than 15% of 15-year-olds and 40% of 17-year-olds seem to be losing ground.

Results of a small national study (1990) suggest that behind the statistics young teens may have considerable ambivalence about their sexual behavior. Researchers asked 12- to 17-year-olds not only about current levels of sexual activity, but also about their expectations for the coming year. Only 35% of the boys and 15% of the girls said that they "would like to" or "really wanted to" have sex in the coming year. Considerably larger proportions (56% of the boys and 39% of the girls) said that there was a 50/50 chance or more that they would actually do so. Young people of both sexes who were still virgins at the time of the study were more than 10 times as likely as already sexually experienced respondents to say that they didn't want sex at all.[100]

Findings from the National Survey of Children (1987) revealed some disturbing aspects of the sexual experience of young girls.[101] Respondents were asked: "Was there ever a time when you were forced to have sex against your will, or were raped." The younger the age of sexual initiation, the more likely young women were to report involuntary sex. Of those who had intercourse before age 14, 74% reported involuntary sex; among those who had intercourse before age 15, 60% reported involuntary sex. Among young women who had intercourse before age 18, the proportion reporting involuntary sex dropped to 15%.

Adolescent pregnancy

It is rarely remembered that the overall trend in adolescent fertility has actually been steadily downward since the 1950s. What has increased, however, is the proportion of these births to unmarried teens. As the social and financial toll associated with growing numbers of out-of-wedlock teen births has risen, public outcry has intensified. Most recent strategies proposed to stem the tide of illegitimacy take a legislative approach: unmarried teen mothers and their children would be ineligible for public support unless they named the fathers of the children and were living with a responsible adult or in a group home. Anecdotal testimony from a number of teens suggests that the existence of "welfare" for their potential children is the last thing on their minds when they decide to have sex.

It will be important to follow the impact of new legislation, not only on the numbers of teen pregnancies, but also on the outcomes of those pregnancies. It should be noted that the 10 states with the lowest monthly AFDC payments have an average adolescent-pregnancy rate that is about one and one-half times higher than in the 10 states with the highest monthly AFDC benefits.[102]

Extent and outcomes of adolescent pregnancy

The number of pregnancies is calculated by summing the numbers of reported live births, fetal deaths (still births) and abortions. Undoubtedly, a number of adolescent pregnancies go unreported each year, for a variety of reasons. Some young women may miscarry before recognizing that they are pregnant and therefore do not seek medical services; others may go out of state for pregnancy testing and abortion services.

In the past two decades, the average age at which young people initiate sexual activity has gone down, while the average age at which they marry has risen. In 1970, the average age of marriage for women was 21 years; for men, 23 years. By 1990, the average age of marriage had risen to 24 and 26 years for women and men, respectively. Among sexually experienced teens, the proportion becoming pregnant has actually declined, primarily through more effective use of contraception. Because so many more teens are sexually active, however, the overall adolescent pregnancy rate has risen.[103] Patterns of pregnancy outcomes among Indiana's adolescents differed by age group (see Table 11, p. 32).[104]

There were 14,632 reported pregnancies among Hoosier women younger than age 20 in 1992. Nearly two-thirds (64%) occurred among 18 and 19-year olds, 34% among 15- to 17-year-olds and the remaining 2% among those younger than age 15.

In 1992, 322 Hoosier girls between 10 and 14 years of age became pregnant (at a rate of 1.6 per 1,000 girls in that age group).

Incidence of pregnancy rose markedly among 15- to 17-year-olds, 4,979 of whom became pregnant (at a rate of 42.3 per thousand). Incidence of pregnancy rose again among girls ages 18 and 19. There were 9,331 pregnancies (at a rate of 115.3 per thousand) in this age group.

Of the 322 pregnancies among 10- to 14-year-olds, only 63% resulted in live births (35% were terminated by abortion and 2% by fetal death). Of the 4,979 pregnancies among 15- to 17-year-olds, 82% resulted in live births. Abortions terminated 17% of these pregnancies and fetal death fewer than 1%. Among 18- and 19-year-olds, the pattern was similar: 81% ending in live births, 18% terminated by abortion and just under 1% by fetal death. Among women ages 20 and older, 87% of pregnancies resulted in live births.

In Indiana, as elsewhere in the nation, the reported abortion rate has fallen steadily – from 367 per 1,000 live births in 1984 to 225 per 1,000 live births in 1992 among 10- to 19-year-olds.

Births to adolescents

Early initiation of sex, increased alcohol use (coupled with indifferent practice of contraception) and lower abortion rates have combined to increase rates of live births to adolescents.

Between 1984 and 1992, the live birth rate (fertility rate) for all women ages 10 through 19 rose from 25.6 per 1,000 to 29.5 per 1,000. The 1992 fertility rates varied by age group: 1.0 among 10-14-year-olds; 34.6 among 15- to 17-year-olds, and 93.6 among 18- and 19-year-olds.

Of the 11,857 births to Hoosier women younger than age 20 in 1992, three fourths (74%) were out-of-wedlock.

A new KIDS COUNT indicator

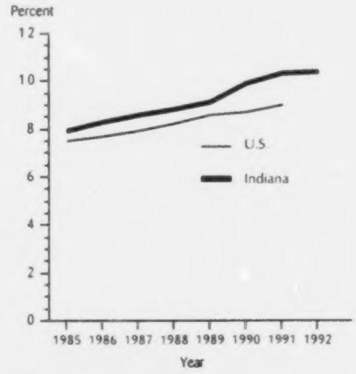
From 1990, when the KIDS COUNT initiative began, through 1994, one of the national indicators was the proportion of all births to single women younger than age 20. Using this indicator, births to single teens constituted 10.4% of all Hoosier births in 1992, continuing the gradually rising trend of the past several years (see Figure 13). Because birth

Table 11. Pregnancy Outcomes by Age of Mother, Indiana, 1992

	Age of Mother			
	10-14 Years	15-17 Years	18-19 Years	All Ages
Number of pregnancies	322	4,979	9,331	97,175
% of all pregnancies	.3	5.1	9.6	100.0
Number of abortions	112	867	1,690	12,497
% of all abortions	.9	6.9	13.5	100.0
Number of fetal deaths (miscarriages)	8	36	62	620
% of all fetal deaths	1.3	5.8	10.0	100.0
Number of births	202	4,076	7,579	84,058
% of all births	.2	4.8	9.0	100.0

SOURCE: Indiana State Department of Health, Public Health Statistics, 1994.

Figure 13. Percent of All Births to Single Teens, Indiana and United States, 1985-1992



SOURCE: *KIDS COUNT Data Book 1994*, Indiana State Department of Health, Public Health Statistics.

rates are so different for younger and older teens, a new indicator has been created to target 15- to 19-year-olds, the age group in which more than 95% of teen births occur. Beginning in 1995, a new indicator will express the *single-teen birth rate* per 1,000 young women ages 15 to 19.

> In Indiana, there were 43.2 births to unmarried teens per 1,000 females in that age group in 1992. The 1992 rate is a 51% increase over the rate in 1985 (28.6 per 1,000). The national rate in 1992 was 42.5 per 1,000 15- to 19-year-old women. The national rate rose 44% between 1985 and 1992.[105]

The costs of adolescent childbearing

Most young women who give birth to their first children as adolescents keep their children and attempt to raise them alone. If these young mothers also drop out of high school – as a majority are wont to do – they may condemn themselves and their children to a future of living on the edge. Their lack of education is likely to set life-long limits on the work they will be hired to perform. Women who first gave birth as unwed teens will have less stable marriages, and will be more likely to seek public assistance for economic survival. Nationally, nearly half of unmarried teen mothers go on AFDC within a year of the baby's birth, and about four in ten receive welfare payments for ten or more years.[106]

Not all of the costs of teen pregnancy are social; the medical costs of their infants are likely to be high as well. Generally, the younger the mother, the more likely she is to have a low-birthweight infant (this factor was discussed in more detail above). Also found more frequently among the infants of young mothers are a number of serious and costly birth defects,[107] developmental delays and learning disabilities, as well as emotional and behavioral problems.[108] Many of these problems generate the need for costly life-long special services.

Fathers in adolescent pregnancies

The males who father the children of adolescent girls remain the least known and understood factor in out-of-wedlock births. Statistical information about the males involved in Hoosier teen births is not available. The limited national statistics available suggest that adolescent pregnancy cannot be "viewed strictly as a teenage phenomenon," according to the Alan Guttmacher Institute.[109] Only about a fourth (26%) of the men involved in the pregnancies of women younger than age 18 were that young themselves. A little more than a third (35%) were young adults 18 and 19 years old, while nearly four in ten (39%) were at least 20 years old. Nearly one in five (19%) young women ages 15 to 19 giving birth had partners at least six years older.

Age differences raise questions about how well younger women are able to resist pressures from older males and may explain why so many of the youngest women reported involuntary initiation of sex. The Alan Guttmacher Institute also notes that "age differences between partners raise concerns about how persuasive young women can be in insisting that their partners use condoms and how effective disease and pregnancy prevention programs can be if they focus only on teenagers and ignore their older partners."[110]

Unwed teen mothers are the least likely to provide information about the fathers of their children. Reasons vary: some don't want to "make trouble" for a man they love, while others don't want to have any further relationship with a man they don't love. Both of these reasons may be related to paternal rights and paternal obligations for financial support that the state can impose on the father. Some young women may also feel that they will get more emotional and financial support from the father if giving is voluntary (the current financial advantage in AFDC benefits amounts to about fifty additional dollars per each month the father pays child support).

Current welfare reform proposals generally include provisions for "going after dead-beat dads" for financial abandonment of their children. But to date, there is no proposed legislation that entails paternal responsibility for the consequences of emotional abandonment of their children. In families headed by mothers, women alone are held responsible for the behavior of their children in most proposed legislation (e.g., making welfare benefits contingent on regular school attendance). The same is true of proposals that would hold the parent responsible for children's law-breaking. Yet, research shows, anger that generates school failure and violent behavior is often associated with estrangement from an absent father. Attempts at curtailing adolescent pregnancy and parenthood and its costly consequences through punitive legislation will be ineffective until policymakers are willing to propose strategies that will come to grips with the full complexity of the issue.

Sexually transmitted diseases

Pregnancy is not the only serious consequence of sexual activity; 1992 and 1993 saw disturbing trends in the incidence of sexually transmitted diseases (STDs) among Hoosier adolescents (see Table 12). Probably no single factor can account for the rise in diagnosed cases of gonorrhea, syphilis, and chlamydia among 10- to 14-year olds; however, earlier initiation of sexual activity and failure to use barrier methods of protection during intercourse are certainly major causes. Only two in ten of the sexually active 9th-graders and three in ten 12th-graders responding to the Indiana Adolescent Health Survey reported using a condom the last time they had intercourse.[111] Health officials suggest a second factor in the sudden increase of syphilis among teens: intensified gang activity that encourages promiscuity among members and younger "wanna-be's."[112]

Responding to the 1991 Indiana Adolescent Health Survey, 3% of the 9th-graders and 5% of the 12th-graders admitted to having acquired a sexually transmitted disease.[113]

Gonorrhea

Between 1989 and 1993, the incidence of gonorrhea for all ages declined by 22%, but rose again by 12% between 1993 and 1994. Among 10- to 14-year-olds, however, gonorrhea cases increased by 28% between 1989 and 1994. Of those infected with the disease, 85% were girls. In 1993, there were 12 cases of gonorrhea reported in children younger than age 10.

Cases of gonorrhea declined among 15- to 19-year-olds by 8% between 1989 and 1994 and declined by 16% among 20- to 24-year-olds.

The rate of gonorrhea infection among Hoosiers ages 15 to 19 in 1992 was 780 per 100,000 teens in that age group, compared

Table 12. Sexually Transmitted Diseases, 1989-1993, Indiana

		1989		1990		1991		1992		1993		1994		% Change 1990-1993
	Age Group	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*	
Gonorrhea	10-14	198	1.8	212	1.9	207	1.8	210	2.3	233	2.7	253	2.6	28
	15-19	3,757	33.6	3,961	35.2	3,805	33.4	3,166	34.2	3,036	35.1	2,456	35.6	-8
	20-24	3,382	30.2	3,451	30.7	3,715	32.7	2,994	32.4	2,792	32.3	2,843	29.3	-16
Total cases	all ages	11,090	100.0	11,257	100.0	11,376	100.0	9,251	100.0	8,656	100.0	9,698	100.0	-13
Primary and secondary syphilis	10-14	1	1.3	1	.8	0	0	2	.7	0	0	3	1.0	--
	15-19	7	8.9	20	15.0	13	6.7	38	12.9	61	16.9	37	12.8	429
	20-24	19	24.1	32	24.1	34	17.6	65	22.0	86	23.8	76	26.2	300
Total cases	all ages	79		133	100.0	193	100.0	295	100.0	362	100.0	290	100.0	267
Chlamydia**	10-14	--		227	2.5	326	2.8	357	3.3	382	3.8	422	4.1	**29
	15-19	--		4,000	44.5	4,964	42.6	4,658	43.2	4,489	44.7	4,705	46.0	-5
	20-24	--		2,883	32.1	3,982	34.2	3,632	33.7	3,318	33.1	3,248	31.7	-18
Total cases	all ages	--		8,985	100.0	11,649	100.0	10,776	100.0	10,034	100.0	10,235	100.0	-12

*Percentage of total reported cases, all ages.

**Percent change for Chlamydia, 1991-1994

SOURCE: Indiana State Department of Health.

with a national rate of 837. The rate in Indiana declined in 1993, to 748 per 100,000, bringing the state just under the Year 2000 Objective: a rate of no more than 750 cases per 100,000 teens ages 15-19.

Chlamydia

Chlamydia surveillance in Indiana began in 1990. Since the relatively small number of cases in that year may be a consequence of irregular reporting, comparison is made between 1991 and 1994. The pattern was similar to that for gonorrhea.

Chlamydia cases for all ages declined by 14% between 1991 and 1993, but increased by 2% between 1993 and 1994. There was a steady increase in cases of chlamydia among 10- to 14-year-olds – by 29% – between 1991 and 1994. In 1993, there were 26 cases of chlamydia reported in children younger than age 10.

Among 15- to 19-year-olds, chlamydia declined by nearly 10% between 1991 and 1993, but rose again, by 5%, between 1993 and 1994. Among 20- to 24-year-olds, chlamydia declined steadily – by 18% – between 1991 and 1994.

More than 80% of the cases of chlamydia among 10- to 24-year-olds were diagnosed in young women.

Syphilis

Primary and secondary syphilis. The recent upward trend in the number of cases of syphilis is most disturbing. Overall, cases of primary and secondary syphilis increased by 358% in the five-year period from 1989 to 1993. Total cases of syphilis fell by 20% between 1993 and 1994.

Although confined to one to three reported cases a year among 10- to 14-year-olds (all girls), there was a marked upward trend among 15- to 19-year-olds between 1989 and 1993. This age group accounted for 21% of all cases in 1993, up from 9% in 1989. Between 1993 and 1994, diagnosed syphilis cases fell 39% among 15- to 19-year-olds. In all years but 1994, more girls than boys were diagnosed with syphilis.

There were 61 reported cases among 15- to 19-year-olds in 1993, compared with seven in 1989 – nearly an eight-fold increase! Given the slow, and sometimes asymptomatic progress of the disease, these figures are undoubtedly an undercount of actual prevalence.

Among 20- to 24-year-olds, syphilis cases rose by 353% between 1989 and 1993. Cases declined by 12% in this age group between 1993 and 1994.

The Healthy People 2000 objective for reduction of primary and secondary syphilis cases to no more than 10 per 100,000 is not age-specific. For all ages, Indiana's rate of about 5 syphilis cases per 100,000 in 1992 (compared with nearly 14 per 100,000 nationally) already meets this objective.[114] It must be kept in mind, however, that nationally the syphilis rate declined annually between 1989 and 1992, while in Indiana the rate more than tripled. The Indiana rate increased again, to 6.3 per 100,000 in 1993, but declined between 1993 and 1994.

Early latent syphilis. Primary and secondary syphilis cases do not represent the whole picture of the prevalence of the disease. Early latent syphilis (ELS) is a category of syphilis infections that include primary, secondary and a group of infected patients that were not symptomatic at the time of treatment but are nevertheless known to have acquired syphilis in the 12 months preceding treatment. Overt symptoms disappear and may leave victims with the mistaken idea that they no longer have a problem. Untreated, ELS may be invisible, but it continues its silent attack on the body.

Overall, ELS cases increased from 345 to 464 between 1992 and 1993. Among 15- to 19-year olds, 80 ELS cases were recorded in 1993, up from 32 cases in 1992. Among 20- to 24-year olds, ELS cases rose from 94 in 1992 to 128 in 1993.

Combining the two reporting categories raises the total cases of early syphilis (all ages) from 640 in 1992, to 826 in 1993. *In one year*, the total number of cases among 15- to 19-year olds rose by 101%, and among 20- to 24-year-olds, by 35%.

Other STDs

In 1989, the base-line year for measuring progress toward the Year 2000 Objectives, nearly 12 million cases of sexually transmitted diseases were reported. Of these, a fourth of the cases were reported in persons ages 19 and younger, and 41% among persons ages 20-24. In addition to the three curable sexually transmitted diseases that are tracked regularly in all states, total national figures include other curable nonviral diseases such as chancroid and trichomoniasis, as well as viral diseases such as genital herpes, human papilloma virus, and hepatitis B that are not presently curable. Left untreated, each of these diseases has very serious and long-lasting consequences.[115] Additionally, most common STD infections also increase the risk, for both men and women, of contracting HIV, if exposed to the virus.[116]

HIV/AIDS

Globally, nationally – and in Indiana – the AIDS epidemic continues on its devastating course. Since 1982, Indiana has participated in the surveillance program of the Centers for Disease Control and Prevention. By September 30, 1994, there had been 5,662 Hoosiers diagnosed with the disease. Of these, 2,466 tested positive for the presence of the human immunodeficiency virus (were HIV+) and 3,196 had full-blown AIDS. The numbers are an unduplicated count; when an individual's disease status progresses from HIV+ to AIDS, his/her case is transferred from the HIV+ register to the AIDS register.

Since 1982, 51 Hoosier children younger than age 13 have been diagnosed with the disease (18 are HIV+ and 33 have AIDS).[117] The most common pathway for pediatric infection was perinatal transmission of the virus by an HIV+ or AIDS-infected mother.

Between September 30, 1993 and September 30, 1994, HIV+ diagnoses increased by 12%; AIDS diagnoses increased by 26% for all age groups. Although Indiana's urban centers have had the most cases, every county in the state has been home to at least one victim of the disease.

As true elsewhere in the nation, Hoosier males have higher rates of HIV/AIDS infection than females. Patterns of HIV infection among Hoosier women differ somewhat from those in the nation. Although the rate of infection among all 17- to 19-year-olds was the same for Indiana and the United States (.03), the rate among Hoosier women ages 20 to 24 (.12) was nearly double that of the national rate for women in this age group (.07). Among African-American females in Indiana, the rate of infection is also higher (.20) than the national rate (.14).[118]

AIDS has already been fatal to more than eight in ten individuals diagnosed before 1989. Between the beginning of surveillance in 1982 and September 30, 1994, AIDS caused 1,758 deaths in Indiana.[119]

The progress of the virus is slow; a decade or longer can pass between exposure to the virus and diagnosis. Table 13 looks at the cumulative distribution of diagnosed cases by age. The proportion of cases diagnosed in persons younger than age 20 is relatively small – less than 4% of persons HIV+ and less than 2% of those with AIDS. The proportion of

Table 13. Indiana and U.S. HIV+/AIDS: Cumulative Cases through September 30, 1994 (U.S. AIDS Cases Cumulative through June 30, 1994)

	Indiana HIV+ Cases		Indiana AIDS Cases		U.S. AIDS Cases	
Age at Diagnosis	No.	%*	No.	%*	No.	%*
0-12	18	<1	28	<1	5,734	1
13-19	72	3	19	<1	1,786	<1
20-29	1,062	43	702	22	75,245	19
30-39	954	39	1,495	47	182,793	45
40-49	263	11	677	21	95,842	24
50 and above	97	4	275	9	40,361	10
Total	2,466	100	3,196	100	**401,749	**100
Increase in one year		12%		26%		27%

*Percentages may not equal 100 because of rounding.

**U.S. totals contain cases for whom age was not known.

SOURCE: Indiana State Department of Health, Division of HIV/STD, HIV/AIDS Surveillance Summary.

HIV+ cases swells to 43% among 20- to 29-year-olds, however. Disease specialists believe that a good many of these individuals were infected with the virus as teens.

In spite of heightened research activity, there has been little significant progress against the disease on the preventive, management, or curative fronts, although some courses of treatment are delaying the onset of AIDS in HIV-infected persons and/or are prolonging the lives of some AIDS patients. One bit of good news, however, comes from research findings that starting treatment of the mother with the drug AZT between 14 and 34 weeks of pregnancy and treating the baby for the first six weeks following delivery can drastically reduce the incidence of transmission of the virus from an infected mother to her child – from one in four to one in ten.[120]

Since this form of transmission is the most common source of pediatric AIDS, it is crucial that women be tested for HIV infection early in their pregnancies.

Early identification and treatment of newborns can ameliorate some of the effects of the disease and prolong their lives. Indiana was one of the last states to begin blinded sero-surveillance of newborns for HIV, and the results of the first screening study of all infants born in a six-month period in 1994 have not yet been analyzed. To date, sero-surveillance studies are designed only to establish HIV prevalence rates in the nation's infant population. Therefore, only blinded screenings for newborns are done routinely in the United States. Pressure is mounting to use screenings to identify those children who have HIV infection.[121]

Use of tobacco, alcohol and other drugs

Much attention in the war on drugs is focused on cocaine and its derivative, crack, coming into the United States from other countries. It is distressing to think that any students can gain access to this powerful, mind-altering substance. The fact remains, however, that compared with other drugs, use of crack and cocaine by middle- and secondary-school students is quite low. About 6% of high-school seniors nationally and in Indiana have tried cocaine at some time in their lives, and fewer than half that number have tried crack. Far more worrisome is the increasing use of American-made gateway drugs: nicotine in the form of cigarettes and smokeless tobacco, alcohol and marijuana.

Alcohol and other drug use has been tracked through the annual National High School Survey (reported as: Monitoring the Future) conducted among high-school seniors since 1975. In 1991, the national survey began gathering some information about 8th- and 10th-graders. Also beginning in 1991, the Indiana Prevention Resource Center (IPRC) has monitored substance use by Hoosier students through the annual Alcohol and Other Drug Use by Indiana Children and Adolescents Survey. Patterns of regular use of tobacco, alcohol and marijuana by 8th-, 10th- and 12th-graders, nationally and in Indiana, in 1993 are charted in Figure 14, p 38.

The Indiana survey was designed to produce data comparable to the national survey; nearly 82,000 students in grades 6 through 12 took part in 1994.[122] It is important to bear in mind that the results of these surveys apply only to students still attending school. We have very little information about the patterns of smoking, drinking and other drug use among school dropouts.

Progress toward Healthy People 2000 objectives

A number of the Healthy People 2000 objectives on reducing health risks relate to alcohol and other drug use. Surveys of Hoosier students suggest that progress toward the national objectives has been mixed in Indiana (see Box D, p. 39). One objective seeks to raise by one year, the average age when young people first start to use cigarettes, alcohol, and marijuana.

> In the spring 1994 IPRC study, the reported average ages of first use of cigarettes, alcohol and marijuana among students in Indiana were a year or more younger than the target age expressed in the national objective. Furthermore, Indiana did not improve on this indicator between 1993 and 1994.
>
> The proportion of young Hoosiers who used alcohol in the past month was well

above the national target in both 1993 and 1994. Use of marijuana and cocaine in the month prior to the survey moved upward, away from the national target.

Lifetime use of anabolic steroids by male high-school seniors also moved away from Healthy People 2000 target rate between 1993 and 1994. Although generally considered a "male drug," the Indiana survey found a significant use of steroids among female students.

Alcohol

Binge drinking (i.e., five or more drinks on a single occasion in the two weeks prior to the study), always higher among Hoosier teens than their peers nationally, showed a promising decline between 1992 and 1993. The prevalence of binge drinking in 1994 remained at the 1993 level.

Tobacco

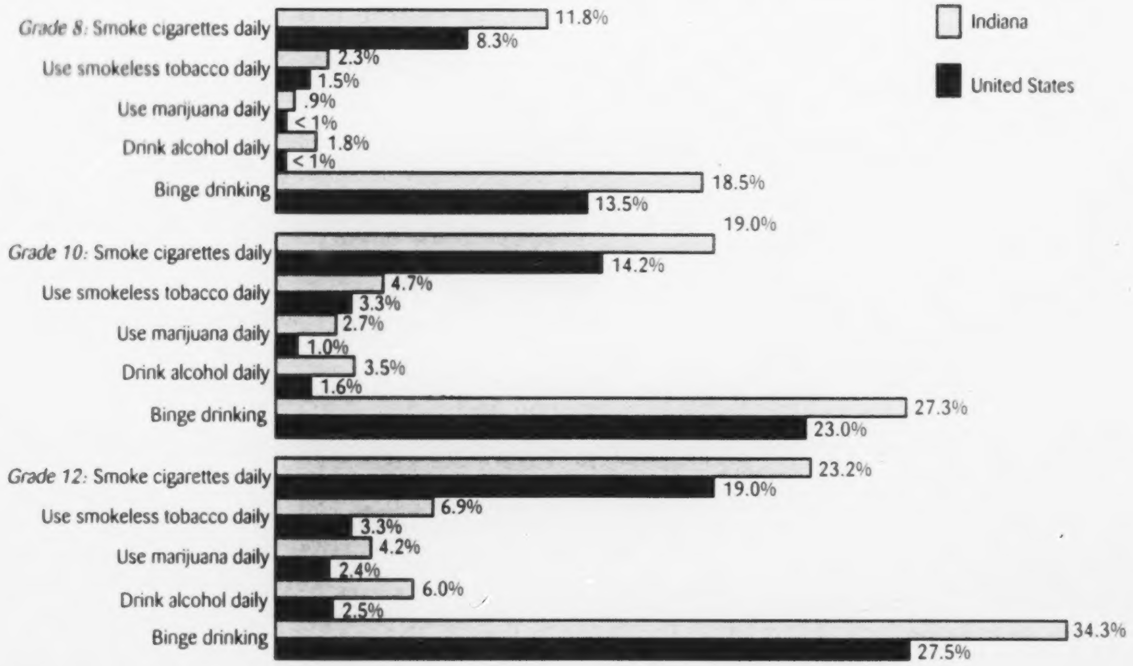
Use of smokeless tobacco increases markedly between grades 6 and 9, but more slowly thereafter. In 1993, daily use of smokeless tobacco was considerably higher among Hoosier 8th-, 10th- and 12th-graders than nationally. A significant number of female students use smokeless tobacco in Indiana.

Findings about cigarette smoking from the 1994 survey were also disturbing.

Experimentation with cigarettes began by age seven for 4% of the young people responding to the survey; more than 9% had experimented with cigarettes by age nine.

Daily and monthly cigarette smoking at all grade levels increased markedly over reported use in 1993.

Figure 14. Regular Use of Tobacco, Alcohol and Marijuana Among U.S. and Indiana Students, by Grade Level, 1993



SOURCE: Indiana Prevention Resource Center.

Box D

Indiana Prevalence Data Compared with Healthy People 2000 Indicators, 1993

	National Target 2000	Indiana Baseline Spring 1992	Indiana Annual Spring 1994
OBJECTIVE: "Increase by at least 1 year the average age of first use of cigarettes, alcohol and marijuana by adolescents ages 12 through 17."			
Cigarettes	12.6 years	11.9 years	11.6 years
Alcohol	14.1 years	13.0 years	13.0 years
Marijuana	14.1 years	13.3 years	12.9 years
OBJECTIVE: "Reduce the proporation of young people who have used alcohol, marijuana and cocaine in the past month, as follows:"			
Cigarettes	0%	24.9%	24.7%
Alcohol/aged 12-17	12.6%	35.5%	33.1%
Marijuana/aged 12-17	3.2%	7.9%	11.7%
Cocaine/aged 12-17	0.6%	0.6%	1.0%
OBJECTIVE: "Reduce the proportion of high-school seniors...engaging in recent occasions of heavy drinking of alcoholic beverages [5 or more drinks on a single occasion in past 2 weeks]."			
Binge drinkers	28.0%	37.6%	34.8%
OBJECTIVE: "Increase the porportion of high-school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana and experimention with cocaine, as follows:"			
Alcohol	70%	58.1%	41.9%
Marijuana	85%	70.7%	60.8%
Cocaine	95%	84.2%	84.9%
OBJECTIVE: "Increase the proportion of high-school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana and experimentation with cocaine as follows:"			
Alcohol	70%	29.4%	36.8%
Marijuana	90%	63.1%	64.9%
Cocaine	80%	48.0%	68.9%
OBJECTIVE: "Reduce the proportion of male high-school seniors who have used anabolic steroids [lifetime]."			
Binge drinkers	3.0%	4.2%	4.4%

SOURCE: Indiana Prevention Resource Center.

The IPRC investigators found this increase particularly troubling, since their research has found that "daily cigarette smoking is the best statistical predictor of future use of alcohol and other drugs. Among children and adolescents, daily smokers are three times more likely to drink heavily and ten to sixty times more likely to use controlled substances than nonsmokers."[123]

Other drugs

Additional findings of the 1994 study include:

> Between 1993 and 1994, lifetime, annual, and monthly use of inhalant drugs (nitrous oxide, volatile nitrites and petroleum-based solvents) increased among Hoosier students at nearly all grade levels. Monthly use peaked in grade 8, and annual use in grade 9. Use of inhalants declined in the higher grades.
>
> Reported increased use of marijuana that appeared in the 1993 study continued in 1994. All levels of use (life-time, annual, monthly, and daily) increased again in 1994 among students of all grades.

A disproportionately high rate of use of marijuana, cocaine, amphetamines, inhalants, tranquilizers and narcotics was reported among 9th-graders responding to the 1994 Indiana survey. The national survey found these same increases in drug use among 8th-graders a year earlier in 1993. IPRC researchers note: "We now observe a dramatic increase in illegal drug use by this same class cohort. It is too early to determine if the use rates for this class are a one-year anomaly, or predictors of future problems."[124]

Juveniles and the law

Rising anxiety about youth violence

Throughout Indiana, as throughout the nation, concern about increasing juvenile violence is turning into demands for action. The age-old battle lines are being redrawn between those who would find answers in "correction" and rehabilitation and those who seek longer and harsher punishments. Nearly drowned out in the controversy are the voices of advocates for greater investment in the vulnerable families and troubled communities that currently generate young toughs.

Also unheard, particularly in Indiana, are voices with valid and reliable information about juvenile crime and delinquency patterns and trends – because it doesn't exist. Complete and accurate statistics that might enlighten the debate on juvenile crime and delinquency in Indiana are simply not available. Indiana is now one of only six states that do not have a statewide crime-reporting system. In the absence of comprehensive information that such a system might supply, the best source (and indeed, for Indiana the only source) is the annual Uniform Crime Report (UCR) of the Federal Bureau of Investigation (FBI).

The Uniform Crime Report

The FBI's Uniform Crime Reporting System began in 1930 as a national effort to compile arrest data from the nation's 16,500 law enforcement jurisdictions. In 1992, the UCR covered about 95% of the U.S. population, similar to coverage in past years. This makes the UCR a useful tool for examining trends over time for the nation as a whole, and also for states that consistently submit complete reports annually.[125]

Limitations of the Uniform Crime Report

The UCR system records arrests only, and only the most serious crime for which an individual was arrested. Furthermore, more than one individual may have been arrested for the same crime, or the same individual may have been arrested more than once during the year. The UCR data are therefore not an accurate indicator of crimes committed.

UCR data for Indiana

By 1993, Indiana was one of only 6 states without a mandated statewide reporting system. Thus, reporting to the FBI remains voluntary for Indiana's 246 law enforcement jurisdictions (including 7 on large public university campuses). Of the 239 non-campus jurisdictions, 107 reported for a full 12 months in 1992, 50 reported from one to 11 months, and 82 did not report at all. Thus, according to the FBI, the 1992 UCR report for Indiana covers 83% of the population in the state's Metropolitan Statistical Areas (MSAs), 70% of the population in cities outside of MSAs, and only 42% of the population in rural areas. Using a method that simultaneously accounts for both population and time covered in the report, IYI analysis estimates missing data at 31%.[126] In 1991 also, about a third of the data were missing. About 10% of the population was covered in one of the two reports, but not both, suggesting that year-to-year comparisons must be made with caution.

Analysis of the *limited law enforcement jurisdictional reports available* for 1992 showed that 37,645 juveniles were arrested in Indiana, up 2% since 1991.

Juveniles between the ages of 10 and 17 constituted just under 12% of the state's population in 1992, but accounted for 22.6% of all arrests in the state that year. Juveniles accounted for about the same proportion (23%) of arrests for violent crimes (homicide, robbery, aggravated assault and rape). Juvenile arrests constituted 40% of the arrests for property crimes (burglary, larceny, auto theft and arson).

The distribution of crimes for which juvenile arrests were made in 1992 (see Figure 15) is very similar to the pattern in 1991, although, as noted above, the arrest data for the two years are not directly comparable.

Estimating juvenile crime from the UCR

In the absence of full reporting, efforts are made to fill the gaps in the UCR. It is not surprising that different methods yield different estimates of juvenile crime.

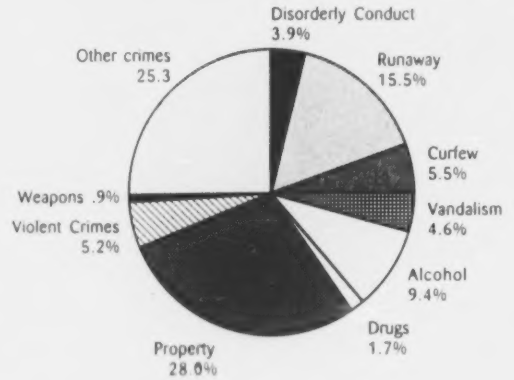
Estimating from full arrest reports only. The national KIDS COUNT indicator, the juvenile violent crime arrest rate, is based on projections from only those law enforcement jurisdictions that reported data for a full 12 months (i.e., reports covering only 51% of the population in 1992). As noted earlier, full reporting is highest among the state's largest urban areas (MSAs), which also have the highest juvenile crime rates. This method of filling in the gap for about 49% of the population yielded an estimated annual juvenile violent crime arrest rate of 484 per 100,000 youths ages 10 to 17 in 1992. Using this method, averaged for three years (1991-1993), national KIDS COUNT statisticians calculated a juvenile violent-crime arrest rate of 446 per 100,000 youth ages 10 to 17 in Indiana, compared with a national rate of 483 per 100,000. Indiana ranked 37th among the states and DC on this indicator.[127]

Estimating from all arrest data reported. Using all data reported to the FBI as a base for estimating the full extent of juvenile arrests yields a different figure for 1992. Filling in the gap of 31% in the population covered yields a considerably lower annual juvenile violent crime arrest rate of 429 per 100,000 youths ages 10 to 17.

The continuing need for better information

Clearly, Indiana needs a statewide, mandated crime reporting system. A mandate alone will do

Figure 15. Offenses for Which Juveniles Were Arrested, Indiana, 1992



Note: This distribution of offenses is based only on the data that were reported to the F.B.I. in 1991.

SOURCE: Indiana Youth Institute analysis of FBI Uniform Crime Report data, UCR 90700.

little to improve the present system, however. There must also be an appropriation to cover start-up costs of computers and software, staff training in use of the system, and annual support for analyzing the data and upgrading the system. Indiana has been under federal mandate to produce better crime statistics. Results of a study of 13 Indiana counties, chosen to be representative of the state as a whole, are a year overdue.

Indiana Judicial Report

In the absence of a statewide crime reporting system, the only other way to estimate trends in juvenile delinquency is to examine the numbers of *cases filed* in Hoosier circuit, superior, probate, county and municipal courts. Records of juvenile caseloads are compiled by the Division of State Court Administration of the Supreme Court of Indiana (Table 14).[128] Juvenile case figures do not include young people remanded to adult courts. Figure 16 charts annual trends in two types of cases: status offenses (for acts that would not be offenses if committed by an adult) and delinquency cases filed between 1983 and 1993.

> There were 16,836 juvenile delinquency cases filed in 1993, an increase of almost 5% from 1992.
>
> The 3,366 status offense cases filed in 1993 also represent nearly a 5% increase over 1992.

Table 14. Juvenile Cases Filed in Indiana Circuit and Superior Courts, 1989-1993

	Years				
Type of Case	1989	1990	1991	1992	1993
Juvenile CHINS	4,149	4,409	5,147	5,835	5,687
Juvenile delinquency	15,300	16,971	16,169	16,039	16,836
Juvenile status	1,957	2,797	3,255	3,366	3,522
Juvenile paternity	12,943	13,290	14,057	14,397	13,861
Juvenile miscellaneous	7,493	7,472	8,917	9,548	9,244
Total	41,842	44,939	47,545	49,185	49,150

SOURCE: Office of State Court Administration, Supreme Court of Indiana, Indiana Judicial Report, 1993

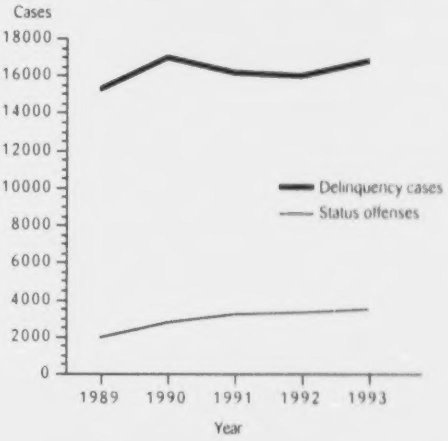
Commitments to the Department of Correction

Many feel that commitments of juveniles to the Indiana State Department of Correction (DOC) for incarceration reflect the failure of other social and economic institutions – families, schools, churches, businesses, and sometimes welfare agencies and community-based organizations – to meet the developmental needs of young people. Overall, there were nearly 5% more juvenile commitments in 1994 than in 1993.

> There were 1,405 young men committed in 1994, up nearly 4% from the 1,348 males committed a year earlier.
>
> Commitments for young women increased by nearly 6%, from 398 in 1993, to 421 in 1994.

Placement for young offenders has long been a problem for Indiana.[129] The state has been under federal mandate to improve facilities and procedures for holding children younger than 18. A 1988 court order mandated removing more than 7,000 Hoosier youths from adult jails. A concerted and comprehensive approach that included building new regional facilities and converting others, combined with innovative detention alternatives, has placed Indiana

Figure 16. Cases of Juvenile Delinquency and Status Offenses Filed in Indiana Courts, 1989-1993



SOURCE: 1993 Indiana Judicial Report, Division of State Court Administration in essential compliance with the court order. Action in 1992 by the Indiana General Assembly finally brought Indiana's standards for incarcerating juveniles into compliance with national standards.

Overcrowding in the Indiana Boys' School has been another long-standing problem in the correctional system. A consent decree entered in 1991 ordered reduction of the population of the Indiana Boys' School to 255 by the end of 1995. When the decree went into effect, there were often more than 500 boys at a time in the facility. Currently, there are 365 boys in the school; the DOC expects to meet the terms of the consent decree by the end of the year. With the growth of less-restrictive alternatives and an improved system for assessing risk, the Department of Correction is making progress in matching placements with boys' needs. The Indiana Boys' School is becoming the preferred placement option only for the state's most serious juvenile offenders.

Teens as victims

Media attention and public outcry is focused on child and adolescent perpetrators of violence. Much less attention is paid to the growing numbers of child and adolescent *victims* of violence. Even less attention is paid to the growing body of research that shows that most child and adolescent perpetrators of violence were *victims of violence* earlier in their lives. Young people are more likely to be victims of violent crime (rape, assault, homicide, and robbery) than any other age group, yet they are the least likely to report it.

Homicide

There were 72 homicide deaths among children younger than age 20 in 1992, eight more than in 1991 (Table 10). The largest increase was among children ages 5 to 14. State-level statistics on perpetrators of homicides are not accessible in Indiana. However, nationally, in cases of homicide where the ages of both offender and victim were known (93% of all homicides), fewer than four in 100 cases involved "kids killing kids." Another 7% of homicides involved kids killing adults. Of all child homicide victims for whom offenders' ages were known, however, 29% were killed by other children younger than age 18 and 71% were killed by adults.

Child abuse and neglect

Again, public attention is generally drawn to the youngest victims of abuse and neglect. While it is true that most fatalities occur among the very young, nonfatal abuse and neglect is more evenly distributed by age. About a fourth of all substantiated and indicated cases of abuse and neglect involve adolescents between the ages of 13 and 17. Year after year, about three in ten victims of physical abuse, about four in ten victims of sexual abuse and one in six victims of neglect are teens.

Investing in Hoosiers

Indiana consistently ranks near the bottom in federal dollars per capita coming into the state. Many Hoosiers pride themselves on the state's independence from federal government support and the accompanying federal regulations imposed on doing business. But Hoosiers have not been generous in providing state dollars to support public services for their vulnerable citizens either.

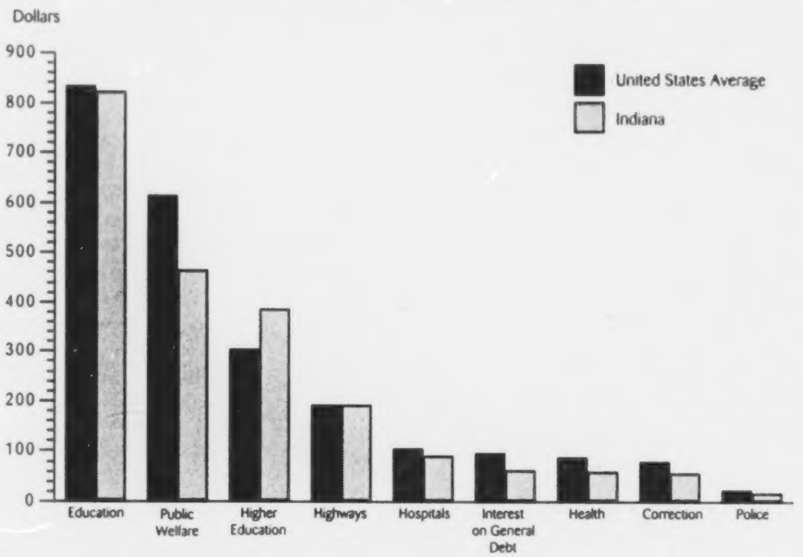
The Indiana Factbook, 1994-95 provides comparative data on state spending in 1992. State government expenditures place Indiana 43rd among the 50 states and the District of Columbia in total per capita spending. Indiana ranks 29th in spending on elementary and secondary education, 32nd in spending on welfare and corrections, and a dismal 45th in spending on health. Indiana's per capita expenditures are below the national average in all areas but higher education (Figure 17).[130]

This report ends as it began: Most of Indiana's young people are prospering most of the time. They are healthy, and they are being nurtured in safe homes and secure neighborhoods. They are doing well in school, and they are staying out of trouble with the law. But, the figures also show, too many are not – and their numbers are growing. Many statistical indicators suggest that the well-being of Hoosier children and adolescents is not improving much overall, and in some areas, is worsening.

Vulnerable Hoosier children and adolescents are getting what more comfortable adult citizens of the state are willing to work toward and pay for. But solutions to problems, particularly when they involve "quick fixes," are not sufficient goals. The state of Indiana, local communities, service-providers, and families must take on the longer, positive view expressed in the Indiana Youth Institute's *10 Blueprints for Healthy Development* (see inside back cover):

> Every child in Indiana – regardless of race, gender, ethnicity, physically or mentally challenging condition, geographical location or economic status – deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment.[131]

Figure 17. State Government Expenditures Per Capita 1992



SOURCE: *Indiana Factbook*, Indiana University School of Business, Indiana Business Research Center, U.S. Bureau of the Census.

Notes

[1] Figures are for 1992, the latest year for which comparable data are available.

[2] Deuteronomy 15:7-11. In *The Living Bible* (Wheaton, IL: Tyndale House Publishers, 1971).

[3] L. Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage* (New York, NY: Anchor Books, Doubleday, 1989).

[4] K. Pittman, "Enriching Local Planning for Youth Development: A Mobilization Agenda." (Washington, DC: Center for Youth Development and Policy Research, Academy for Educational Development, February 1994), p 2.

[5] The IYI data base includes some additional information supplied by Indiana state agencies on racial/ethnic differences for some statistical indicators. This information is available upon request.

[6] U.S. Bureau of the Census, "July 1, 1990 to July 1, 1994 Population Estimates for Counties," PPL-15 (Washington, DC: U.S. Bureau of the Census, Population Estimates Branch, January 12, 1995).

[7] Indiana University School of Business, Indiana Business Research Center, *The Indiana Fact Book 1994-95* (Bloomington, IN: Indiana University Press, 1994), p. 28.

[8] U.S. Bureau of the Census, PPL-15.

[9] U.S. Bureau of the Census, Population Estimates Branch, "Population Estimates, Indiana 1991 and 1992" and "Population Estimates, Indiana, 1992 and 1993," supplied by Indiana University School of Business, Indiana Business Research Center.

[10] U.S. Bureau of the Census - STF1A Magnetic Tape File. Base population data supplied by the Indiana University School of Business, Indiana Business Research Center.

[11] The Annie E. Casey Foundation and Center for the Study of Social Policy, *KIDS COUNT Data Book, 1992* (Washington, DC: Center for the Study of Social Policy, 1992), p. 50.

[12] Current population estimates by age and race do not exist for the state of Indiana. 1990 data are from the U.S. Bureau of the Census summarized in: *KIDS COUNT Data Book, 1992.* Population projections are from: H. Hodgkinson, *A Demographic Look at Tomorrow* (Washington, DC: Institute for Educational Leadership, 1992).

[13] Annie E. Casey Foundation, *KIDS COUNT Data Book, 1995* (Baltimore, MD: The Annie E. Casey Foundation, 1995), p. 61.

[14] Since 1991, the Division of State Court Administration of the Supreme Court of Indiana has compiled annual records of divorce cases *filed* as a separate category of domestic relations cases. This is a crude indicator of actual divorces since parties may not follow through and obtain the divorce, or filing may be done in one year and the divorce granted in another. In a few instances, couples may file, withdraw and refile for divorce all in one year. There were 47,157 divorce cases filed in Hoosier courts in 1991, and 46,149 and 46,266 divorce filings in 1992 and 1993 respectively. Division of State Court Administration, *1993 Indiana Judicial Report*, Vol 1, Executive Summary (Indianapolis, IN: Supreme Court of Indiana, Division of State Court Administration 1993), pp. 52-53.

[15] *The Indiana Factbook, 1994-95*, p. 34.

[16] Indiana Department of Workforce Development, *1993 Selected Labor Force Data: U.S., Midwest, Indiana & Indianapolis MSA & City* (Indianapolis, IN: Department of Workforce Development, August 1994).

[17] "Labor Force Estimates," (Indianapolis, IN: Department of Workforce Development, March 1995). These are revised estimates.

[18] Indiana Department of Workforce Development, *Indiana Labor Force Annual Summary 1993: Local Area Unemployment Statistics* (Indianapolis, IN: Indiana Department of Workforce Development, April 1994).

[19] *The Indiana Fact Book 1994-95*, pp. iii, iv, 24. Personal income per capita is the total personal income for all residents of an area divided by the population of that area. Personal income includes earnings, transfer payments, dividends, interest, rent and royalties, etc., after deductions for personal contributions to social insurance.

[20] J. Erickson, *Indiana Youth Poll: Youth's Views of Life Beyond High School* (Indianapolis, IN: Indiana Youth Institute, 1992).

[21] "Low earnings" were defined as below the poverty level for a four-person family. U.S. Bureau of the Census, *Workers With Low Earnings: 1964 to 1990.* Current Population Reports, Series P-60, No. 178 (Washington, DC: U.S. Government Printing Office, 1992), pp. 5-6, B-3.

[22] U.S. Bureau of the Census, "College Degree Can Earn You Millions Over a Lifetime, Census Bureau Reports," Press Release CB94-113, July 22, 1994.

[23] All information about youth unemployment was drawn from: *Selected Labor Force Data: U.S., Midwest, Indiana & Indianapolis MSA & City* (Indianapolis, IN: Indiana Department of Workforce Development, August 1994).

[24] n.a., *The Forgotten Half: Pathways to Success for America's Youth and Young Families* (Washington, DC: Youth and America's Future: The William T. Grant Commission on Work, Family and Citizenship, 1988).

[25] *The Forgotten Half*, p. 132.

[26] G. Orfield and F. Paul, *High Hopes, Long Odds: A Major Report on Hoosier Teens and the American Dream* (Indianapolis, IN: Indiana Youth Institute, 1993-94).

[27] The Secretary's Commission on Achieving Necessary Skills, *Learning a Living: A Blueprint for High Performance* (Washington, DC: U.S. Department of Labor, April 1992), pp. 5-6.

[28] M. Shea, *Dynamics of Economic Well-Being: Program Participation, 1990 to 1992*, U.S. Bureau of the Census, Current Population Reports, P70-41 (Washington, DC: U.S. Government Printing Office, 1995).

[29] In 1992, when the poverty level was set at $11,570 for a

family of three, the basic budget required for a healthy, safe lifestyle was $17,360. United Way of Central Indiana/Community Service Council, and Indiana Coalition for Human Services, *Moving Forward: Investing in Indiana's Human Resources* (Indianapolis, IN: UWCI/CSC and CHS, October 1992), p. 7.

[30] Poverty levels are announced in the *Federal Register* in February of each year. 1995 poverty levels were listed in "Notices," *Federal Register*, 60, 27 (February 9, 1995), p.7772.

[31] U.S. Bureau of the Census, "Table K," *Supplemental Tables: Historical Income, Historical Poverty, and Valuing Noncash Benefits* (Washington, DC: U.S. Bureau of the Census, 1993).

[32] *Supplemental Tables* . . . , "Table K," n.p.

[33] U.S. Bureau of the Census, *Income, Poverty, and Valuation of Noncash Benefits: 1993*, Current Population Reports, Consumer Income, Series P60-188 (Washington, DC: U.S. Bureau of the Census, 1995). This report is based on the Current Population Surveys. The standard error of the 1993 poverty estimate is ±1.74; for the 1992 poverty estimate, it is ±1.73.

[34] Indiana poverty estimates by age group for 1992 were calculated by the Indiana State Department of Health, Public Health Statistics Division. Population estimates, by age group, for 1992 come from the IBRC and are based on figures from the U.S. Bureau of the Census..

[35] Poverty estimates from Indiana State Department of Health, Public Health Statistics Division.

[36] United Way of St. Joseph County, *"Climbing the Down Escalator: Working Poor in America"* (South Bend, IN: Working Poor Project, United Way of St. Joseph County, 1994).

[37] T. Rugh, President, Indiana Association of United Ways, March 14, 1995.

[38] *Program Participation, 1990 to 1992* . . . , pp. 2-3. This report uses data from the Survey of Income and Program Participation (SIPP) that covered the period from October 1989 through August 1992.

[39] E. Gillespie and B. Schellhas (Eds.), "Welfare Reform," in *Contract with America* (New York: Random House Times Books, 1994), pp. 65-77.

[40] Center on Budget and Policy Priorities, "Impact of the Emerging Fiscal Agenda in the 104th Congress: Indiana" (Washington, DC: Center on Budget and Policy Priorities, March 1995); Center on Budget and Policy Priorities, *Holding the Bag: The Effect on State and Local Governments of the Emerging Fiscal Agenda in the 104th Congress* (Washington, DC: Center on Budget and Policy Priorities, January 31, 1995).

[41] A growing body of research is revealing a better picture of the women who rely on AFDC to support their families. They are more likely than working-poor women to have mental health or substance abuse problems and lack basic literacy and job-related skills. Others are not in the labor force because they are caring for chronically-ill or severely-disabled children. Several studies have found a strong connection between abuse and neglect in childhood and welfare dependency in adulthood. Further, abused children may become abused adults. Women receiving AFDC are highly vulnerable – both financially and emotionally – and many form relationships with abusive men who continuously sabotage the women's attempts to achieve financial independence through education and job-training programs.

Research on women receiving AFDC has been summarized in such publications as: Center on Budget and Policy Priorities, *Welfare, Out-of-Wedlock Childbearing, and Poverty: What is the Connection?* (Washington, DC: Center on Budget and Policy Priorities, January 1995); D. Whitman, et al, "Welfare: The Myth of Reform," *U.S. News and World Report* 188, 2 (January 16, 1995), pp. 30-39; a series of publications reporting findings from the Family Income Study conducted by the Washington State Institute for Public Policy; J. L. Hagen and L. V. Davis, *Another Perspective on Welfare Reform: Conversations With Mothers on Welfare* (Albany, NY: The Nelson A. Rockefeller Institute of Government, State University of New York, 1994); J. Raphael, *Domestic Violence: Telling the Untold Welfare-to-Work Story* (Chicago, IL: Taylor Institute, January 30, 1995).

[42] *Program Participation, 1990 to 1992*, p. B-4.

[43] The Family and Social Services Administration reports that just over 1,000 women ages 16 and 17 are receiving AFDC. This figure does not include what is undoubtedly a relatively small number of younger mothers. Although women attain majority at age 18 and thus are not affected by legal strategies to curb "teen" pregnancy, the largest number of out-of-wedlock births to women younger than age 20 are to 18- and 19-year-olds. Many of these young mothers are also vulnerable because they do not complete high school or do not pursue the postsecondary education that would enable them to become self-sufficient.

[44] *Program Participation, 1990 to 1992*, p. 17.

[45] *Program Participation, 1990 to 1992*, p. B-4.

[46] All information about the Food Stamp Program in Indiana was supplied by the Indiana Family and Social Services Administration.

[47] From Title XIX of the 1965 Amendments for P.L. 89-87, The Social Security Act, cited in: *Program Participation, 1990 to 1992.*

[48] Office of Medicaid Policy and Planning, Indiana Family and Social Services Administration, *Indiana Medicaid Trends and Perspectives* (Indianapolis, IN: FSSA, October 1994), pp. 34, 43.

[49] All information about Indiana Medicaid trends supplied by the Indiana Family and Social Services Administration.

[50] *Indiana Medicaid Trends and Perspectives* . . . , pp. 3, 6.

[51] Information about WIC participation comes from Special Supplemental Food Program for Women Infants and Children, *WIC Annual Report, Fiscal Year 1992* (Indianapolis, IN: Indiana State Department of Health, n.d. [1994].

[52] Information on school lunch and breakfast programs provided by the Division of School and Community Nutrition Programs, Indiana Department of Education. Statistics are for free meal enrollment only; program administrators feel that current reduced-price meal participation figures represent significant undercounts of eligibility.

[53] "EIC Participation for Tax Year 1993" (Washington, DC: The

Center of Budget and Policy Priorities, 1994). State figures are based on preliminary returns to the Internal Revenue Service.

[54] Eligibility for the EIC is not confined to families raising their own children. Some families, including foster families, raising children other than their own may qualify. Beginning with Tax Year 1994, very low-income workers, ages 25 through 64 who are not raising children, may qualify.

[55] A national survey based on state child protection services reports was conducted by the National Committee for Prevention of Child Abuse, Chicago, IL. Data cited for 1993 are from the April 1994 report. Personal communication to IYI, March 1995.

[56] Data relating to child abuse and neglect in Indiana were supplied by the Indiana Family and Social Services Administration, Division of Family and Children.

[57] A case is *substantiated* when the perpetrator admits abuse and/or neglect of the child who is the subject of the report, or when investigation reveals facts that provide a reasonable basis to assume the occurrence of abuse and/or neglect, as defined by law. A case is *indicated* when investigation reveals significant indication that a child may be at risk or that abuse and/or neglect occurred.

[58] The Child Welfare League of America recommends an optimal caseload of no more than 12 families under investigation per CPS worker and 17 children receiving ongoing supervision per CS worker.

[59] U.S. Department of Education, Office of Civil Rights. Preliminary data, April 1994.

[60] Indiana Youth Institute analysis of periodic reports from the Marion County Office, Division of Family and Children to the Attorney General of Indiana regarding compliance with B.M. vs. Magnant. This analysis does not include child protection services workers (also covered by the consent decree). It should be noted that several of the children's services positions in Marion County were filled by workers transferring from other divisions of FSSA. All of these individuals were treated as new hires, however, and subject to training regulations for children's services workers.

[61] According to the National Governors Association, following the 1994 election, only four of the governors who established the national education goals were still in office.

[62] The Current Population Survey of March 1993 found 79% of adult Hoosiers with high-school diplomas and only 14% to have BA degrees or higher. Was the decline in college-degreed Hoosiers real? This issue was discussed in S. Brudvig, "Educational Attainment in 1993: Did Indiana Lose Ground?" *Indiana Population Report* 6, 3 (Fall 1994), p. 3-4. The article notes that the standard error for the education measure reported in the CPS survey was ± 2%, which means that in another Hoosier sample, there is a 90% probability that the reported percentage would be between 12% and 16%. The census figure of 15.6% was within that range, leading the author to the conclusion that "As a nation, we have made gains in college-level educational attainment; as a state, we probably have not."

[63] *High Hopes, Long Odds . . .*

[64] The Annie E. Casey Foundation, *KIDS COUNT Data Book, 1994: State Profiles of Child Well-Being* (Baltimore, MD: Annie E. Casey Foundation, 1994), p. 61.

[65] All high-school graduation statistics supplied by the Indiana Department of Education.

[66] All high-school dropout information supplied by the Indiana Department of Education.

[67] Office of the Governor, *Meeting the Challenge: Education Progress in Indiana* (Indianapolis, IN: Office of the Governor, September 1994), p. 31.

[68] *Meeting the Challenge*, p. 27.

[69] *Meeting the Challenge*, p. 27.

[70] Indiana Department of Education, "At Risk Program Information for Budget Agency, School Year 1994-95" (Indianapolis, IN: At Risk Services Office, Indiana Department of Education, January 1995).

[71] "At Risk Program Information for Budget Agency, School Year 1992-93."

[72] Indiana Education Policy Center, *Calendar of Education Reforms in Indiana, 1980-1994* (Bloomington, IN: Indiana Education Policy Center, School of Education Office, Indiana University, 1994).

[73] "Questions and Answers about IPASS," (Indianapolis, IN: Indiana Department of Education and Office of the Governor, February 10, 1995). An comparative analysis of the ISTEP and proposed IPASS assessment programs is provided in L. Krehbiel, J. Arnold, and B. Bull, "Indiana Assessment Programs: ISTEP and IPASS," *Policy Bulletin* No. PB-B23 (January 1995).

[74] C.C. Korenbrot, L. Simpson, and C. S. Phibbs, "Prenatal care needs assessment comparing service use and outcomes in Fresno, CA," *Public Health Reports*, 109, 1 (1994), pp. 68-76. Summarized in *Research Activities*, #177 (August 1994), p. 3. The Alan Guttmacher Institute, "Preconception and Prenatal Care Can Improve Birth Outcomes," *Issues in Brief* (March 1993).

[75] National Center for Health Statistics, *Healthy People 2000 Review, 1993* (Hyattsville, MD: U.S. Public Health Service, 1994), pp. 87-88.

[76] S. J. Ventura, *et al*, "Advance Report of Final Natality Statistics, 1992," *Monthly Vital Statistics Report*, 43, 5 (October 25, 1994), pp. 15, 67.

[77] Indiana State Department of Health, Public Health Statistics, 1994. Natality data in the *Monthly Vital Statistics Report* (October 1994) shows a first-trimester care rate of 78.3%; the proportion of women with late or no prenatal care was 4.9%.

[78] Indiana State Department of Health, Public Health Statistics.

[79] "Advance Report of Final Natality Statistics, 1992," p. 20; *Healthy People 2000 Review, 1993*, p. 88.

[80] Indiana State Department of Health, *Healthy Hoosiers 2000: Health Promotion and Disease Prevention Objectives, Maternal, Infant, Child, and Adolescent Health* (Indianapolis, IN: Indiana State Department of Health, Planning and Information Services Commission, Winter 1993-1994), pp. 27-33.

[81] M. Hack, H. G. Taylor, N. Klein, R. Eiben, C. Schatschneider,

and N. Mercuri-Minich, "School-Age Outcomes in Children with Birth Weights Under 750 g," *The New England Journal of Medicine* 331, 12 (September 22, 1994), pp. 753-759.

[82] Indiana State Department of Health, *Immunization Assessment, School Year 1993-94* (Indianapolis, IN: Indiana State Department of Health, 1994).

[83] *Immunization Assessment . . .*

[84] *Healthy Hoosiers 2000 . . .*, pp. 117-118.

[85] Immunization Program, Indiana State Department of Health, "Retrospective Kindergarten Two-Year-Old Study Completed," Special Edition of *Immunization Update*, August 31, 1993; additional information from Indiana State Department of Health.

[86] *Healthy Hoosiers 2000 . . .*

[87] *Healthy Hoosiers 2000 . . .*, p. 109.

[88] U.S. Bureau of the Census. 1990 CPH-L-80. Selected Housing Characteristics, 1990.

[89] Centers for Disease Control and Prevention, *Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control* (Washington, DC: U.S. Department of Health and Human Services, Public Health Service, October 1991), p. 9.

[90] Information for FY 1993 from Indiana State Department of Health, *Indiana Childhood Lead Poisoning Prevention Program, "Get the Lead Out"* (Indianapolis, IN: Indiana State Department of Health, 1994). Information for FY 1994 from Indiana State Department of Health, Childhood Lead Poisoning Prevention Program, 1994.

[91] *Healthy People 2000 Review, 1993*, p. 74. The Year 2000 Objective for the nation is no more than 500,000 children with blood levels in excess of 15 ug/dL and none with levels in excess of 25 ug/dL. Indiana is expected to have about 2.18% of the nation's population in the year 2000. By multiplying 500,000 by .0218, we get a crude estimate of Indiana's goal for blood levels in excess of 15ug/dL – about 10,900 children. If we project Indiana's 1994 rate of 8.2% of screened children with blood lead levels of 15ug/dL or higher to all children ages six months through age six in 1993 (the beginning of FY 1994), we estimate that as many as 36,500 children could be seriously lead-endangered. Indiana will be severely challenged to meet the Year 2000 Objective.

[92] C. Winterbottom, D. W. Liska, and K. M. Obermaier, *State-Level Databook on Health Care Access and Financing*, 2nd edition (Washington, DC: The Urban Institute, 1995), p. 223.

[93] *State-Level Databook on Health Care . . .*, p. 223.

[94] *KIDS COUNT Data Book, 1995*, p. 60.

[95] Indiana State Department of Health, Public Health Statistics.

[96] Provisional Indiana infant mortality rate for 1993 provided by Indiana State Department of Health. Provisional U.S. rate was for 12 months ending in September 1993 in "Births, Marriages, Divorces, and Deaths for September 1994," *Monthly Vital Statistics Report* 43, 9 (March 1, 1995), p. 1.

[97] J. Erickson, D. Hogan and S. Hasbrouck, *Indiana Youth Poll: Youths' Views of Peer Relationships* (Indianapolis, IN: Indiana Youth Institute, 1994), p. 40.

[98] *Healthy People 2000 Review, 1993*, p. 128.

[99] N. T. Ellis and M. R. Torabi, *Indiana Student Health Survey* (Indianapolis, IN: Indiana Department of Education, 1992), p. 29.

[100] Barbara C. Leigh, Diana M. Morrison, Karen Trocki, and Mark T. Temple, "Sexual Behavior of American Adolescents: Results from a U.S. National Survey," *Journal of Adolescent Health*, 15, 2 (March 1994), pp. 117-125.

[101] The Alan Guttmacher Institute, *Sex and America's Teenagers* (New York, NY and Washington, DC: The Alan Guttmacher Institute, 1994), p. 28. Original analysis by K.A. Moore, C. W. Nord and J. L. Peterson in: "Nonvoluntary Sexual Activity Among Adolescents," *Family Planning Perspectives*, 21 (1989), pp. 110-114.

[102] Indiana Youth Institute analysis based on FY 1992 AFDC data for the 50 states in Division of Family and Children, *Fiscal Year 1993 Demographic Trend Report* (Indianapolis, IN: Indiana Family and Social Services Administration, 1994), p. 37; information on teen pregnancy for the 50 states from "Facts at a Glance" (Washington, DC: Child Trends, Inc., February 1995). See also endnote No. 39 for additional commentary on AFDC dependency.

[103] *Sex and America's Teenagers*, pp. 41-42.

[104] All information about adolescent pregnancy in Indiana was supplied by the Indiana State Department of Health, Public Health Statistics Division.

[105] *KIDS COUNT Data Book, 1995*, p. 61.

[106] E. Anderson (Ed.), *Sexuality, Poverty, and the Inner City* (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 1994), p. v.

[107] Centers for Disease Control and Prevention, "Advance Report of Maternal and Infant Health Data from the Birth Certificate, 1991," *Monthly Vital Statistics Report* 42, 11 (May 11, 1994), p. 27. The rates of some congenital anomalies such as spina bifida decline steadily with the age of the mother; others, such as problems of the fingers and toes form a "J-shaped curve," i.e., the rates are high among infants of the youngest mothers, then decline, to increase again, among the infants of mothers ages 35 and older.

[108] M. J. Coiro, *Health of Our Nation's Children*, Series 10: Data from the National Health Interview Survey, No. 191 (Washington, DC: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, December 1994).

[109] *Sex and America's Teenagers*, p. 42.

[110] *Sex and America's Teenagers*, p. 42.

[111] *The Indiana Adolescent Health Survey*, p. 65.

[112] J. Beale, Indiana State Department of Health, personal communication.

[113] *The Indiana Adolescent Health Survey*, p. 65.

[114] *Healthy People 2000 Review, 1993*, p. 128.

[115] *Healthy People 2000 Review, 1993*, p. 126.

[116] *Sex and America's Teenagers*, pp. 39-40.

[117] Cases reported through March 1995.

[118] Indiana State Department of Health.

[119] All HIV+/AIDS statistics were supplied by the Indiana State Department of Health, Division of HIV/STD Clinical Data and Research. We have decided to use September 30 figures for year-to-year comparisons. By the end of December 1993, there were 44 more HIV+ cases and 115 more AIDS cases in the Indiana registry.

[120] *Morbidity and Mortality Weekly Report* 43, RR-11 (August 5, 1994).

[121] *Healthy Hoosiers 2000*, p. 113.

[122] Except where noted, all information about alcohol and drug use in Indiana and nationally is taken from: Indiana Prevention Resource Center, "1994 Youth Survey Results," *Prevention Newsline*, 7, 1 & 2 (February 1995).

[123] M. R. Torabi, W. J. Bailey, and M. Majd-Jabar, "Cigarette Smoking as a Predictor of Alcohol and Other Drug Use by Children and Adolescents: Evidence of the 'Gateway Drug Effect,'" *Journal of School Health*, 63 (1993), pp. 302-306. Cited in "1994 Youth Survey Results," p. 1.

[124] "1994 Youth Survey Results," p. 1.

[125] Federal Bureau of Investigation, *Crime in the United States: Uniform Crime Reports, 1992* (Washington, DC: Federal Bureau of Investigation, U.S. Department of Justice, 1993).

[126] IYI created an indicator based on missing population and unreported time that summarizes missing data in one number. This indicator, "person-months," was calculated for each of the 246 law enforcement jurisdictions by multiplying the population of the reporting jurisdiction by the number of months that jurisdiction actually reported data to the FBI. We then multiplied the total population of Indiana by 12, yielding what would have been the "person-months" had everyone in the state of Indiana been represented in reports for the entire year. "Person-month" figures for all jurisdictions were summed and divided by the total "person-months" for the sate as a whole. Using this method, it was found that the reported Indiana UCR data were short by 31% of the potential total. This estimate cannot be used with any real accuracy to project underestimates in arrests, however. Juvenile crime rates vary widely according to the month of the year. Although we knew *how many* months were included in the report for a jurisdiction, we did not know *which* months were included. The best that can be said is that the UCR data significantly underestimate the number of juvenile arrests in Indiana.

[127] The Annie E. Casey Foundation, *KIDS COUNT Data Book 1995* (Baltimore, MD: The Annie E. Casey Foundation, 1995), p. 61.

[128] Supreme Court of Indiana, *1993 Indiana Judicial Report*, Vol 1, Executive Summary (Indianapolis, IN: Division of State Court Administration, n.d. [1994]), pp. 52-53.

[129] Two reports published by the Indiana Youth Institute offer a comprehensive overview of Indiana's juvenile justice system, the system's current problems and efforts to address them. See D. Smith, *Kids, Crime and Court: The Juvenile Justice System in Indiana* (Indianapolis, IN: The Indiana Youth Institute, 1994), and D. Smith, *Juvenile Justice in Indiana: Facing the Issues* (Indianapolis, IN: The Indiana Youth Institute, 1995).

[130] *The Indiana Fact Book, 1994-95*, p. 68.

[131] The *10 Blueprints for Healthy Development* were introduced to the more than 300 youthworkers, policymakers, and concerned citizens who attended the Indiana Youth Institute's conference, "Growing Up in Indiana: A New Vision," Indianapolis, March 1990.

Appendix

Indicators and Data Sources

The following indicators are included in the county-level data tables that follow. National KIDS COUNT indicators are marked with an *.

1. Population, 1992

All data in the population tables were provided by the Indiana Business Research Center (IBRC), Indiana University School of Business, Indiana University. Population figures for the state of Indiana and 92 counties are based on data from the U.S. Bureau of the Census. County population estimates created by IBRC.

Total Population, 1990. The total population in 1990. Figures are from the U.S. Census of 1990.

% Population <18, 1990. The percentage of the population younger than 18 years of age in 1990. Figures are from the U.S. Census of 1990.

Estimated Population, 1992. The estimated total population in 1992.

Estimated Population <18, 1992. The estimated population younger than 18 years of age in 1992.

Estimated % Population <18, 1992. The estimated percentage of the population younger than 18 years of age in 1992.

2. Children in Households, 1990

All household data are based on the 1990 U.S. Census, the most recent county-level data available.

Data for the state of Indiana and 92 counties were provided by the IBRC.

Total Number of Own Children. *Own children* as defined by the U.S. Census Bureau includes the family head's children by birth, marriage, or adoption. These statistics describe the total number of these children younger than age 18 living in households in 1990. Children younger than 18 living in group quarters are excluded from this count.

Own Children Living in Married Couple Families. The number of own children younger than age 18 living in households headed by a married couple.

Own Children Living in Single-Parent Families. The number of own children younger than age 18 living in households headed by a single parent, either male or female, with no spouse present.

***% Own Children Living in One-Parent Families.** The proportion of the total number of own children younger than age 18 living in a household with a single parent.

Own Children Living in Single-Dad Family. The number of own children younger than age 18 living in a household headed by a single father, no spouse present.

Own Children Living in Single-Mom Family. The number of own children younger than age 18 living in a household headed by a single mother, no spouse present.

3. Ratio of Income to Poverty, 1992

Estimates of poverty are based on population estimates for counties and federal poverty levels for 1992. County-level poverty estimates by age were created by the Indiana State Department of Health. (See Table 1 for size of total population and population younger than age 18.)

Under .5. The number and percentage of the total population and the number and percentage of children younger than age 18 living in households with incomes below half of the federal poverty level.

***Under 1.0.** The number and a cumulative percentage of the total population and of children younger than age 18 living in households with incomes below the federal poverty level (100%).

Under 2.0. A cumulative percentage of the total population living in households with incomes below double (200%) the federal poverty level.

4. Unemployment; Use of Safety Net Programs

Unemployment Rate, 1993. The percentage of unemployed persons ages 16 and older in the labor force in 1991. *Data for the state of Indiana and 92 counties provided by the Indiana Department of Workforce Development.*

% of Population Receiving Aid to Families with Dependent Children (AFDC) in Fiscal Year (FY) 1994. Percentage of the population of Indiana and 92 counties who were receiving AFDC benefits in Fiscal Year 1994. Fiscal year 1994 ran from July 1, 1993 through June 30, 1994. *Data provided by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Population Receiving Food Stamp Benefits, FY 1994. Percentage of population of Indiana and 92 counties who were receiving Food Stamp benefits in FY 1994. *Data supplied by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Population Receiving Medicaid Benefits, FY 1994. Percentage of population of Indiana and 92 counties who were receiving Medicaid Benefits in FY 1994. *Data provided by the Division of Family and Children, Indiana Family and Social Services Administration.*

% of Students Enrolled in Free School Lunch Program, School Year 1993-94. Percentage of students enrolled in full-day school programs in the 1993-94 school year who are also enrolled in school free-lunch programs in the state of Indiana and 92 counties. Students enrolled in the free lunch program are also eligible for participation in the free breakfast program. *Data supplied by the Indiana Department of Education, School Lunch Division.*

Number Receiving WIC Benefits, FY 1992. The number of women, infants and children receiving nutrition education and dietary supplements through the WIC Program. *Data provided by the WIC Office, Indiana State Department of Health.*

5. Child Abuse and Neglect

Child abuse and neglect are defined in the 1974 federal Child Abuse Prevention and Treatment Act as: "the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which would indicate that the child's health or welfare is harmed or threatened thereby."

All information about child abuse and neglect was provided by the Division of Family and Children, Indiana Family and Social Services Administration.

Child Abuse, FY 1994

Reported Cases of Child Abuse. The number of reports of suspected abuse of children younger than age 18 that were made in FY 1994. Each reported case is investigated and a determination of case status is made. Determinations include *substantiated, indicated,* or *unsubstantiated.* Unsubstantiated cases are those for which investigation finds no evidence, facts, or indications that abuse or neglect occurred.

% of Reports of Abuse Substantiated or Indicated. The percentage of reported cases of child abuse where investigation found evidence that abuse had occurred or where there were significant indications that a child was at risk or there was evidence that abuse may have occurred.

Child Neglect, FY 1994

Reported Cases of Child Neglect. The number of reports of suspected neglect of children younger than age 18 that were made in FY 1994.

% of Reports of Neglect Substantiated or Indicated. The percentage of reported cases of child neglect where investigation found evidence that abuse had occurred or where there were significant indications that a child was at risk or there was evidence that neglect may have occurred.

Abuse and Neglect Rate, FY 1994. The rate of substantiated and indicated cases of abuse and neglect per 1,000 children younger than age 18.

Total Deaths from Abuse and Neglect, FY 1989-FY 1994. The number of deaths among children younger than age 18 that occurred as a consequence of abuse or neglect in the six-year period from FY 1989 through FY 1994.

6. Education. I. School Year 1993-94

Education statistics for the state of Indiana and 92 counties were provided by the Indiana Department of Education.

Students Enrolled in Grades K-12. The total enrollment in Indiana schools, kindergarten through grade 12, in the 1993-94 school year.

Students Retained in Grade. Students retained in grade as a percentage of students enrolled, for 1993-94 school year.

Students Enrolled in Grades 7-12. The total enrollment in Indiana schools, grades 7 through 12, in the 1993-94 school year. This enrollment forms the base for calculating the *annual* dropout rate.

Dropouts from Grades 7-12.

A *dropout* is a student who leaves school before graduation without transferring to another school or institution. Dropouts include students who fail to return to school following expulsion when eligible; students who transfer to adult programs, technical schools, GED programs, or a program not leading to a high-school diploma; Amish students who leave school before high-school graduation; and, students who are incarcerated in adult institutions. Students who suffer from prolonged illness or die, suspended students, and students who transfer to another institution within an education program leading to a high-school diploma are *not* dropouts.

Number of Students Who Dropped Out. The number of students who dropped out of grades 7-12 during the 1993-94 school year.

Dropout Rate. Students who dropped out of grades 7-12 as a percentage of students enrolled in grades 7-12 *during the 1993-94 school year.*

% High-School Graduates, 1993-94. The Indiana Department of Education calculates the high-school graduation rate as the probability that a student will complete four years of high school without dropping out, based on the percentage of students who drop out of each grade from 9 to 12. This report uses the IDOE method. The figures in the table are for the 1993-94 school year.

7. Education, II

All information was supplied by the Indiana State Department of Education.

Number of High-School Graduates, 1992-93. The number of students who graduated from Indiana high schools during the 1992-93 school year, the last year for which information about post-high-school plans was available.

% Intending to Pursue Postsecondary Education, 1992-93.

The Indiana Department of Education surveys graduating seniors about their plans to pursue postsecondary education. The figures reported in this table represent *intentions* when surveyed during the 1992-93 school year. The number of graduates who actually enrolled in a postsecondary educational program in the year following high-school graduation is known to be considerably smaller.

4-year college. The percentage of seniors graduating during the 1992-93 school year who expressed an intent to attend a 4-year postsecondary institution.

Vocational/Technical School. The percentage of seniors graduating during the 1992-93 school year who expressed an intent to attend a vocational or technical school.

All Types of Postsecondary Education. The percentage of seniors graduating during the 1992-93 school year who expressed an intent to enter any type of postsecondary education program.

Teens Not High-School Graduates and Not Enrolled in an Educational Program. The percentage of 16- to 19-year-olds who were not high-school graduates and not enrolled in an educational program either full- or part-time. This indicator is a departure from the national KIDS COUNT indicator. Figures for Indiana and 92 counties are based on data reported in the 1990 U.S. Census.

8. Health and Well-Being

All health and well-being indicators supplied by the Indiana State Department of Health.

% Mothers Receiving Prenatal Care in 1st Trimester, 1992. The percentage of women who received care in the first trimester of pregnancy in 1992. This indicator is different from the new national KIDS COUNT indicator: the percentage of women who received first trimester care *and* who completed 80% of the recommended prenatal care visits during the remainder of their pregnancy.

% Infants Born at Low Birthweight, 1992. The percentage of infants born at weights below 2500 grams (5.5 pounds) in 1992.

% Fully Immunized at Age 2 Years, 1989. The percentage of children who entered Indiana schools in the 1992-93 school year who had been fully immunized at the age of 2 years (three years earlier in 1989). These estimates are based on retrospective analysis of the immunization records of children entering school.

% Fully Immunized at School Entry, 1992-93. The percentage of children who were fully immunized (in accordance with Indiana law) when they entered Indiana schools in the 1992-93 school year.

9. Pregnancy and Birth Data, 1992

Birth data for the state of Indiana and 92 counties provided by the Indiana State Department of Health, Vital Statistics Division.

Total Live Births. The total number of live births to women of all ages in 1992, the last year for which information is available.

Reported Pregnancies - Live Births to Mothers Ages 10-14. The total number of reported pregnancies and the number of live births to adolescents ages 10-14 in 1992. *Reported pregnancies* include those resulting in fetal deaths and abortions, as well as live births.

Reported Pregnancies - Live Births to Mothers Ages 15-17. The total number of reported pregnancies and the number of live births to teens ages 15-17 in 1992.

Reported Pregnancies - Live Births to Mothers Ages 18-19. The total number of reported pregnancies and the number of live births to teens ages 18-19 in 1992.

% of Births to Mothers Younger than Age 20 that were Nonmarital, 1992. Percentage of all births to mothers younger than age 20 in 1992 that were out-of-wedlock. This indicator is slightly different from the new national KIDS COUNT indicator: percentage of births to mothers ages 15 to 19 that were nonmarital.

10. Deaths, 1992

All mortality statistics for the state of Indiana and 92 counties were provided by the Indiana State Department of Health, Vital Statistics Division.

Infant Mortality, 1992

Number of Deaths. The number of deaths of infants younger than one year of age in 1991.

***Infant Mortality Rate,1992.** The number of deaths of infants younger than one year of age per 1,000 live births in 1992.

Child Deaths - Ages 1-14, 1992

Number of Child Deaths, 1992. The number of deaths from all causes among children 1-14 years of age in 1992.

***Child Death Rate, Ages 1-14, 1992.** The number of deaths from all causes per 100,000 children ages 1-14 in 1992.

Teen Violent Deaths - Ages 15-19

Number of Violent Deaths, 1992. The number of violent deaths among teens ages 15-19 in 1990. *Violent deaths* includes deaths from homicide, suicide, vehicular and nonvehicular accidents.

***Teen Violent Death Rate, 1992.** The rate of violent deaths among teens ages 15-19 in 1991 per 100,000 teens in that age group in 1992.

11. FBI Uniform Crime Report, 1992

All information about juvenile arrests is drawn from a secondary analysis of the Federal Bureau of Investigation Uniform Crime Report (FBI/UCR) of 1992 completed by the Indiana Youth Institute.

Juvenile Arrests. The total number of arrests of juveniles younger than age 18 for all types of offenses in 1992. These figures may include more than one arrest for the same crime, and may include the arrests of the same juvenile at different times during the year.

Data Missing? The FBI/UCR statistics are based on voluntary reporting by law enforcement jurisdictions. This column indicates whether or not data for a particular county are missing. "No" means that juvenile arrest data are present for all 12 months of the year in the FBI report. "No data" means that *no* law enforcement jurisdiction in that county reported its juvenile arrests in 1991. "Yes" means that figures represent a partial report (either covering only some of a county's jurisdictions, or data are for only part of a year). Juvenile arrest data for Indiana in the FBI/UCR represent a significant undercount of actual arrests.

Juvenile Violent Crime Arrests, 1992. Because the juvenile arrest data for Indiana counties are incomplete, it was felt that it would be misleading to report *rates* of arrests for violent crimes per 100,000 youths ages 10-17, the national KIDS COUNT indicator. Therefore, only the *numbers* of arrests for violent crimes are reported. *Violent crimes* includes murder, rape, robbery, and aggravated assault.

Weapons Offense Arrests, 1992. The number of juveniles arrested for weapons offenses in 1992.

12. Juvenile Justice

Juvenile Case Filings, 1993

Information about juvenile case filings for the state of Indiana and 92 counties were provided by the Supreme Court of Indiana, Division of State Court Administration.

CHINS. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to be in need of services because of abuse, neglect, exploitation, or endangerment.

Delinquents. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to be delinquent.

Status. The number of juvenile cases filed on behalf of children younger than age 18 who were alleged to have committed acts that would not have been defined as offenses if committed by an adult.

Paternity. The number of juvenile cases filed related to paternity actions (as defined by statute).

Miscellaneous. The number of juvenile cases filed that were not included in one of the categories defined previously. An example in this category would be approval by the court of informal adjustments.

Commitments to the Indiana Department of Correction, 1994

Information supplied by the Indiana Department of Correction.

Boys. The number of boys younger than age 18 who were committed to the Indiana Department of Correction in 1994.

Girls. The number of girls younger than age 18 who were committed to the Indiana Department of Correction in 1994.

1. Population

	Population 1990		Estimated Population 1992		
				Population < 18	
Counties	Total Population All Ages	Population < 18 %	Total Population All Ages	Number	%
Adams	31,095	31.7	31,410	9,860	31.4
Allen	300,836	27.8	305,080	83,580	27.4
Bartholomew	63,657	25.9	65,530	16,700	25.5
Benton	9,441	28.2	9,630	2,670	27.7
Blackford	14,067	25.4	13,990	3,500	25.0
Boone	38,147	27.4	38,340	10,360	27.0
Brown	14,080	24.6	14,680	3,560	24.3
Carroll	18,809	26.5	19,340	5,050	26.1
Cass	38,413	26.4	38,520	10,040	26.1
Clark	87,777	25.7	89,650	22,700	25.3
Clay	24,705	26.1	25,070	6,480	25.8
Clinton	30,974	27.6	31,640	8,620	27.2
Crawford	9,914	27.5	10,040	2,730	27.2
Daviess	27,533	28.9	27,800	7,940	28.6
Dearborn	38,835	28.6	41,230	11,670	28.3
Decatur	23,645	28.9	24,260	6,910	28.5
DeKalb	35,324	28.9	36,590	10,460	28.6
Delaware	119,659	22.1	120,390	26,150	21.7
Dubois	36,616	28.1	37,410	10,380	27.7
Elkhart	156,198	28.5	159,290	44,740	28.1
Fayette	26,015	26.5	26,140	6,850	26.2
Floyd	64,404	26.5	67,160	17,550	26.1
Fountain	17,808	25.9	17,920	4,570	25.5
Franklin	19,580	29.6	20,540	5,980	29.1
Fulton	18,840	26.6	19,190	5,050	26.3
Gibson	31,913	25.7	31,790	8,040	25.3
Grant	74,169	24.8	74,170	18,100	24.4
Greene	30,410	25.4	31,410	7,860	25.0
Hamilton	108,936	29.0	121,310	34,710	28.6
Hancock	45,527	27.6	47,490	12,920	27.2
Harrison	29,890	28.3	30,750	8,580	27.9
Hendricks	75,717	27.9	79,220	21,760	27.5
Henry	48,139	24.6	48,600	11,750	24.2
Howard	80,827	26.7	82,480	21,670	26.3
Huntington	35,427	27.7	35,700	9,750	27.3
Jackson	37,730	27.0	38,610	10,300	26.7
Jasper	24,960	28.7	26,030	7,350	28.2
Jay	21,512	26.5	21,830	5,720	26.2
Jefferson	29,797	25.0	30,340	7,500	24.7
Jennings	23,661	27.0	24,550	6,540	26.6
Johnson	88,109	27.0	93,340	24,930	26.7
Knox	39,884	23.2	39,810	9,070	22.8
Kosciusko	65,294	28.8	65,930	18,740	28.4
LaGrange	29,477	35.1	30,280	10,500	34.7
Lake	475,594	28.0	481,850	133,240	27.7

	Population 1990		Estimated Population 1992		
				Population < 18	
Counties	Total Population All Ages	Population < 18 %	Total Population All Ages	Number	%
LaPorte	107,066	25.3	108,880	27,180	25.0
Lawrence	42,836	25.5	43,360	10,920	25.2
Madison	130,669	24.8	131,540	32,110	24.4
Marion	797,159	25.5	812,830	204,240	25.1
Marshall	42,182	28.5	43,170	12,160	28.2
Martin	10,369	27.0	10,510	2,790	26.5
Miami	36,897	28.4	36,970	10,370	28.0
Monroe	108,978	18.4	111,120	20,080	18.1
Montgomery	34,436	25.2	35,080	8,720	24.9
Morgan	55,920	27.8	58,650	16,090	27.4
Newton	13,551	29.0	13,880	3,970	28.6
Noble	37,877	29.3	38,650	11,210	29.0
Ohio	5,315	26.2	5,330	1,360	25.5
Orange	18,409	26.7	18,530	4,880	26.3
Owen	17,281	26.8	18,240	4,830	26.5
Parke	15,410	25.1	15,640	3,870	24.7
Perry	19,107	25.9	18,860	4,810	25.5
Pike	12,509	24.5	12,460	2,990	24.0
Porter	128,932	27.6	134,960	36,700	27.2
Posey	25,968	28.0	26,030	7,190	27.6
Pulaski	12,643	28.6	12,900	3,640	28.2
Putnam	30,315	23.1	31,660	7,200	22.7
Randolph	27,148	25.9	27,060	6,910	25.5
Ripley	24,616	28.5	25,410	7,160	28.2
Rush	18,129	27.9	18,240	5,050	27.7
St. Joseph	247,052	25.3	250,520	62,440	24.9
Scott	20,991	27.8	21,550	5,910	27.4
Shelby	40,307	27.3	41,220	11,120	27.0
Spencer	19,490	27.3	19,650	5,280	26.9
Starke	22,747	28.0	22,510	6,250	27.8
Steuben	27,446	26.1	28,530	7,340	25.7
Sullivan	18,993	25.5	18,940	4,750	25.1
Switzerland	7,738	27.0	7,980	2,140	26.8
Tippecanoe	130,598	21.0	133,190	27,470	20.6
Tipton	16,119	26.1	16,110	4,160	25.8
Union	6,976	28.0	7,120	1,960	27.5
Vanderburgh	165,058	23.9	166,360	39,100	23.5
Vermillion	16,773	24.9	16,560	4,080	24.6
Vigo	106,107	23.0	107,130	24,220	22.6
Wabash	35,069	26.3	34,870	9,030	25.9
Warren	8,176	26.2	8,140	2,090	25.7
Warrick	44,920	28.3	46,610	13,030	28.0
Washington	23,717	27.4	24,360	6,580	27.0
Wayne	71,951	25.2	72,120	17,910	24.8
Wells	25,948	28.4	26,040	7,300	28.0
White	23,265	27.0	23,760	6,340	26.7
Whitley	27,651	28.4	28,440	7,960	28.0
Indiana	**5,544,159**	**26.3**	**5,658,000**	**1,466,020**	**25.9**

2. Children in Households, 1990

Counties	Total Number of Own Children	No. Living in Married Couple Families	No. Living in One-Parent Families	% Living in One-Parent Families	No. Living in Single-Dad Families	No. Living in Single-Mom Families
Adams	9,529	8,480	1,049	11.0	232	817
Allen	77,668	61,317	16,351	21.1	2,472	13,879
Bartholomew	15,235	12,656	2,579	16.9	510	2,069
Benton	2,508	2,148	360	14.3	77	283
Blackford	3,337	2,789	548	16.4	142	406
Boone	9,801	8,649	1,152	11.8	255	897
Brown	3,159	2,769	390	12.3	128	262
Carroll	4,695	4,136	559	11.9	140	419
Cass	9,458	7,654	1,804	19.1	313	1,491
Clark	20,647	16,018	4,629	22.4	719	3,910
Clay	6,016	5,111	905	15.0	190	715
Clinton	7,930	6,669	1,261	15.9	260	1,001
Crawford	2,525	2,159	366	14.5	96	270
Daviess	7,559	6,529	1,030	13.6	216	814
Dearborn	10,346	8,877	1,469	14.2	276	1,193
Decatur	6,363	5,368	995	15.6	196	799
DeKalb	9,570	8,211	1,359	14.2	298	1,061
Delaware	24,232	18,511	5,721	23.6	808	4,913
Dubois	9,835	8,747	1,088	11.1	214	874
Elkhart	41,015	34,027	6,988	17.0	1,462	5,526
Fayette	6,378	4,966	1,412	22.1	230	1,182
Floyd	15,727	12,140	3,587	22.8	442	3,145
Fountain	4,309	3,646	663	15.2	150	513
Franklin	5,434	4,862	572	10.5	151	421
Fulton	4,675	3,919	756	16.2	173	583
Gibson	7,729	6,592	1,137	14.7	244	893
Grant	16,550	12,515	4,035	24.4	656	3,379
Greene	7,225	6,045	1,180	16.3	243	937
Hamilton	30,471	27,213	3,258	10.7	568	2,690
Hancock	11,729	10,439	1,290	11.0	320	970
Harrison	7,858	6,776	1,082	13.8	248	834
Hendricks	19,614	17,484	2,130	10.9	447	1,683
Henry	11,000	8,978	2,022	18.4	444	1,578
Howard	19,933	15,365	4,568	22.9	694	3,874
Huntington	9,202	7,810	1,392	15.1	314	1,078
Jackson	9,452	7,911	1,541	16.3	295	1,246
Jasper	6,765	5,921	844	12.5	175	669
Jay	5,337	4,471	866	16.2	182	684
Jefferson	6,850	5,506	1,344	19.6	235	1,109
Jennings	5,841	4,945	896	15.3	195	701
Johnson	22,107	18,873	3,234	14.6	666	2,568
Knox	8,653	7,007	1,646	19.0	246	1,400
Kosciusko	17,708	15,374	2,334	13.2	544	1,790
LaGrange	9,735	9,030	705	7.2	225	480
Lake	118,166	83,766	34,400	29.1	4,150	30,250

Counties	Total Number of Own Children	No. Living in Married Couple Families	No. Living in One-Parent Families	% Living in One-Parent Families	No. Living in Single-Dad Families	No. Living in Single-Mom Families
LaPorte	24,886	19,677	5,209	20.9	944	4,265
Lawrence	10,120	8,632	1,488	14.7	323	1,165
Madison	29,502	22,430	7,072	24.0	1,106	5,966
Marion	181,049	126,860	54,189	29.9	7,738	46,451
Marshall	11,324	9,745	1,579	13.9	355	1,224
Martin	2,560	2,189	371	14.5	84	287
Miami	9,977	8,415	1,562	15.7	322	1,240
Monroe	18,661	14,762	3,899	20.9	707	3,192
Montgomery	8,150	6,844	1,306	16.0	269	1,037
Morgan	14,342	12,313	2,029	14.1	461	1,568
Newton	3,638	3,157	481	13.2	133	348
Noble	10,389	8,910	1,479	14.2	376	1,103
Ohio	1,315	1,159	156	11.9	49	107
Orange	4,597	3,781	816	17.8	181	635
Owen	4,225	3,582	643	15.2	160	483
Parke	3,525	2,931	594	16.8	112	482
Perry	4,659	3,934	725	15.6	130	595
Pike	2,867	2,447	420	14.6	110	310
Porter	33,402	28,711	4,691	14.0	1,001	3,690
Posey	6,967	6,088	879	12.6	168	711
Pulaski	3,407	2,982	425	12.5	109	316
Putnam	6,540	5,717	823	12.6	194	629
Randolph	6,583	5,475	1,108	16.8	192	916
Ripley	6,574	5,731	843	12.8	213	630
Rush	4,514	3,854	660	14.6	158	502
St. Joseph	57,362	43,911	13,451	23.5	2,026	11,425
Scott	5,308	4,272	1,036	19.5	191	845
Shelby	10,056	8,582	1,474	14.7	386	1,088
Spencer	5,098	4,495	603	11.8	116	487
Starke	5,795	4,877	918	15.8	235	683
Steuben	6,732	5,773	959	14.2	234	725
Sullivan	4,505	3,887	618	13.7	146	472
Switzerland	1,910	1,623	287	15.0	73	214
Tippecanoe	25,775	21,363	4,412	17.1	814	3,598
Tipton	3,963	3,450	513	12.9	132	381
Union	1,798	1,497	301	16.7	64	237
Vanderburgh	36,252	27,402	8,850	24.4	1,253	7,597
Vermillion	3,881	3,187	694	17.9	154	540
Vigo	22,385	17,341	5,044	22.5	916	4,128
Wabash	8,435	7,189	1,246	14.8	309	937
Warren	2,040	1,825	215	10.5	55	160
Warrick	11,993	10,503	1,490	12.4	286	1,204
Washington	6,027	5,047	980	16.3	212	768
Wayne	16,574	12,604	3,970	24.0	592	3,378
Wells	7,015	6,149	866	12.3	169	697
White	5,930	5,004	926	15.6	234	692
Whitley	7,405	6,483	922	12.4	233	689
Indiana	**1,339,888**	**1,069,169**	**270,719**	**20.2**	**45,666**	**225,053**

3. Ratio of Income to Poverty, 1992

	Under .5				Under 1.0				Under 2.0	
	Population All Ages		Population < 18		Population All Ages		Population < 18		Population All Ages	
Counties	Number	%	Number	%	Number	%	Number	%	Number	%
Adams	1,663	5.3	788	8.0	4,082	13.0	1,937	19.6	9,545	30.4
Allen	10,969	3.6	4,053	4.8	26,934	8.8	9,950	11.9	62,976	20.6
Bartholomew	2,514	3.8	820	4.9	6,173	9.4	2,014	12.1	14,433	22.0
Benton	351	3.6	102	3.8	861	8.9	253	9.5	2,012	20.9
Blackford	642	4.6	205	5.9	1,576	11.3	503	14.4	3,686	26.3
Boone	1,104	2.9	387	3.7	2,710	7.1	950	9.2	6,336	16.5
Brown	449	3.1	129	3.6	1,102	7.5	318	8.9	2,377	16.2
Carroll	649	3.4	216	4.3	1,595	8.2	531	10.5	3,729	19.3
Cass	1,809	4.7	633	6.3	4,441	11.5	1,554	15.5	10,384	27.0
Clark	4,069	4.5	1,435	6.3	9,990	11.1	3,524	15.5	23,339	26.0
Clay	1,351	5.4	460	7.1	3,317	13.2	1,130	17.4	7,756	30.9
Clinton	1,328	4.2	461	5.3	3,262	10.3	1,130	13.1	7,627	24.1
Crawford	846	8.4	291	10.7	2,078	20.7	714	26.2	4,859	48.4
Daviess	1,959	7.0	766	9.6	4,809	17.3	1,882	23.7	11,245	40.4
Dearborn	1,520	3.7	560	4.8	3,732	9.1	1,374	11.8	8,727	21.2
Decatur	987	4.1	352	5.1	2,424	10.0	863	12.5	5,668	23.4
DeKalb	1,054	2.9	416	4.0	2,588	7.1	1,024	9.8	6,050	16.5
Delaware	8,762	7.3	2,148	8.2	21,513	17.9	5,276	20.2	50,302	41.8
Dubois	1,032	2.8	261	2.5	2,534	6.8	640	6.2	5,924	15.8
Elkhart	5,047	3.2	2,025	4.5	12,393	7.8	4,976	11.1	28,977	18.2
Fayette	1,292	4.9	468	6.8	3,173	12.1	1,149	16.8	7,620	29.2
Floyd	3,266	4.9	1,267	7.2	8,018	11.9	3,112	17.7	18,748	27.9
Fountain	810	4.5	285	6.2	1,989	11.1	701	15.3	4,651	26.0
Franklin	965	4.7	345	5.8	2,369	11.5	847	14.2	5,539	27.0
Fulton	902	4.7	298	5.9	2,214	11.5	734	14.5	5,176	27.0
Gibson	1,417	4.5	427	5.3	3,478	10.9	1,049	13.0	8,133	25.6
Grant	4,329	5.8	1,543	8.5	10,629	14.3	3,784	20.9	24,853	33.5
Greene	1,850	5.9	658	8.4	4,542	14.5	1,614	20.5	10,621	33.8
Hamilton	1,817	1.5	625	1.8	4,461	3.7	1,535	4.4	10,430	8.6
Hancock	941	2.0	331	2.6	2,310	4.9	812	6.3	5,402	11.4
Harrison	1,362	4.4	499	5.8	3,344	10.9	1,225	14.3	7,818	25.4
Hendricks	1,259	1.6	407	1.9	3,090	3.9	998	4.6	7,226	9.1
Henry	2,740	5.6	950	8.1	6,727	13.8	2,334	19.9	15,730	32.4
Howard	4,303	5.2	1,698	7.8	10,564	12.8	4,170	19.2	24,702	29.9
Huntington	1,058	3.0	333	3.4	2,598	7.3	817	8.4	6,075	17.0
Jackson	1,830	4.7	636	6.2	4,494	11.6	1,561	15.2	10,508	27.2
Jasper	891	3.4	337	4.6	2,187	8.4	828	11.3	5,114	19.6
Jay	967	4.4	314	5.5	2,374	10.9	770	13.5	5,530	25.3
Jefferson	1,518	5.0	537	7.2	3,728	12.3	1,316	17.5	8,716	28.7
Jennings	1,371	5.6	501	7.7	3,367	13.7	1,229	18.8	7,872	32.1
Johnson	2,767	3.0	963	3.9	6,794	7.3	2,367	9.5	15,886	17.0
Knox	2,722	6.8	852	9.4	6,684	16.8	2,092	23.1	15,628	39.3
Kosciusko	1,995	3.0	717	3.8	4,899	7.4	1,761	9.4	11,453	17.4
LaGrange	1,561	5.2	754	7.2	3,834	12.7	1,854	17.7	8,964	29.6
Lake	30,389	6.3	13,193	9.9	74,617	15.5	32,392	24.3	174,471	36.2

	Under .5				Under 1.0				Under 2.0	
	Population All Ages		Population < 18		Population All Ages		Population < 18		Population All Ages	
Counties	Number	%	Number	%	Number	%	Number	%	Number	%
LaPorte	4,738	4.4	1,840	6.8	11,634	10.7	4,518	16.6	27,204	25.0
Lawrence	1,920	4.4	640	5.9	4,715	10.9	1,570	14.4	11,025	25.4
Madison	7,463	5.7	2,961	9.2	18,324	13.9	7,273	22.7	42,845	32.6
Marion	44,108	5.4	16,988	8.3	108,304	13.3	41,710	20.4	253,236	31.2
Marshall	1,467	3.4	552	4.5	3,602	8.3	1,355	11.1	8,423	19.5
Martin	663	6.3	229	8.2	1,627	15.5	563	20.2	3,804	36.2
Miami	1,844	5.0	731	7.0	4,527	12.2	1,794	17.3	10,586	28.6
Monroe	8,534	7.7	1,316	6.6	20,955	18.9	3,229	16.1	48,998	44.1
Montgomery	1,460	4.2	473	5.4	3,585	10.2	1,161	13.3	8,383	23.9
Morgan	1,729	2.9	603	3.7	4,246	7.2	1,478	9.2	9,927	16.9
Newton	552	4.0	227	5.7	1,357	9.8	557	14.0	3,172	22.9
Noble	1,403	3.6	596	5.3	3,445	8.9	1,466	13.1	8,055	20.8
Ohio	244	4.6	57	4.2	599	11.2	138	10.1	1,402	26.3
Orange	1,302	7.0	441	9.0	3,196	17.2	1,085	22.2	7,474	40.3
Owen	1,082	5.9	382	7.9	2,658	14.6	938	19.4	6,214	34.1
Parke	849	5.4	229	5.9	2,084	13.3	562	14.5	4,872	31.2
Perry	989	5.2	323	6.7	2,429	12.9	795	16.5	5,679	30.1
Pike	768	6.2	281	9.4	1,886	15.1	689	23.0	4,409	35.4
Porter	3,586	2.7	1,235	3.4	8,805	6.5	3,032	8.3	20,589	15.3
Posey	917	3.5	302	4.2	2,253	8.7	741	10.3	5,268	20.2
Pulaski	633	4.9	231	6.3	1,553	12.0	569	15.6	3,632	28.2
Putnam	1,011	3.2	345	4.8	2,482	7.8	849	11.8	5,803	18.3
Randolph	1,425	5.3	512	7.4	3,499	12.9	1,257	18.2	8,181	30.2
Ripley	1,199	4.7	423	5.9	2,944	11.6	1,040	14.5	6,884	27.1
Rush	921	5.0	299	5.9	2,262	12.4	736	14.6	5,289	29.0
St. Joseph	10,613	4.2	3,978	6.4	26,058	10.4	9,765	15.6	60,929	24.3
Scott	1,835	8.5	724	12.3	4,507	20.9	1,779	30.1	10,538	48.9
Shelby	1,347	3.3	479	4.3	3,307	8.0	1,176	10.6	7,732	18.8
Spencer	882	4.5	263	5.0	2,167	11.0	646	12.2	5,066	25.8
Starke	1,402	6.2	546	8.7	3,444	15.3	1,340	21.4	8,052	35.8
Steuben	701	2.5	164	2.2	1,720	6.0	404	5.5	4,022	14.1
Sullivan	1,095	5.8	348	7.3	2,689	14.2	857	18.0	6,287	33.2
Switzerland	541	6.8	200	9.3	1,329	16.7	493	23.0	3,107	38.9
Tippecanoe	7,687	5.8	1,341	4.9	18,874	14.2	3,293	12.0	44,131	33.1
Tipton	481	3.0	159	3.8	1,180	7.3	391	9.4	2,760	17.1
Union	304	4.3	102	5.2	746	10.5	251	12.8	1,743	24.5
Vanderburgh	9,379	5.6	3,121	8.0	23,030	13.8	7,664	19.6	53,848	32.4
Vermillion	902	5.4	286	7.0	2,215	13.4	704	17.3	5,179	31.3
Vigo	6,695	6.2	2,091	8.6	16,438	15.3	5,133	21.2	38,436	35.9
Wabash	1,422	4.1	439	4.9	3,492	10.0	1,080	12.0	8,165	23.4
Warren	347	4.3	112	5.4	851	10.5	276	13.2	1,991	24.5
Warrick	1,362	2.9	510	3.9	3,344	7.2	1,250	9.6	7,818	16.8
Washington	1,567	6.4	543	8.3	3,847	15.8	1,325	20.1	8,996	36.9
Wayne	4,841	6.7	1,734	9.7	11,886	16.5	4,256	23.8	27,793	38.5
Wells	665	2.6	225	3.1	1,633	6.3	552	7.6	3,817	14.7
White	829	3.5	239	3.8	2,036	8.6	587	9.3	4,762	20.0
Whitley	667	2.3	223	2.8	1,638	5.8	549	6.9	3,831	13.5
Indiana	**268,798**	**4.8**	**95,489**	**6.5**	**660,000**	**11.7**	**234,470**	**16.0**	**1,543,175**	**27.3**

4. Unemployment; Use of Safety Net Programs

Counties	Unemployment Rate 1993	FY 1994 AFDC %	FY 1994 Food Stamps %	FY 1994 Medicaid %	SY 1993-94 Students Enrolled in Free School Lunch Program %	Women and Children Receiving WIC Benefits (1992) Number
Adams	5.0	1.4	6.0	5.1	12.9	774
Allen	5.2	3.8	9.3	7.8	21.0	5,808
Bartholomew	4.1	1.9	6.2	6.1	17.2	1,601
Benton	5.2	1.6	5.9	5.5	18.9	235
Blackford	9.5	2.6	10.9	9.2	24.8	526
Boone	3.3	0.8	3.9	4.2	12.8	531
Brown	2.9	1.9	7.3	6.3	18.4	377
Carroll	4.7	1.0	3.6	4.0	16.4	306
Cass	7.0	2.6	10.3	8.6	22.5	771
Clark	5.2	3.4	8.9	8.6	23.7	1,715
Clay	5.7	2.2	7.9	7.4	20.3	1,021
Clinton	4.9	2.0	7.0	6.0	19.6	706
Crawford	10.4	3.7	12.6	12.3	33.7	327
Daviess	5.4	2.6	8.5	8.8	20.3	747
Dearborn	6.4	2.1	6.3	6.1	16.3	1,008
Decatur	4.1	1.8	7.0	6.2	12.8	606
DeKalb	5.0	1.1	4.2	4.2	11.6	522
Delaware	5.9	4.0	11.8	9.4	27.8	3,575
Dubois	3.3	0.6	2.6	4.1	6.6	674
Elkhart	4.9	2.5	6.6	6.4	18.2	4,050
Fayette	8.2	3.9	11.0	10.8	25.6	829
Floyd	4.2	3.9	9.5	9.0	22.7	1,680
Fountain	6.9	1.7	7.3	6.6	19.8	494
Franklin	6.5	1.7	6.9	6.2	19.2	663
Fulton	5.7	1.6	5.5	6.1	17.4	437
Gibson	6.7	2.0	6.9	6.6	12.5	655
Grant	7.5	4.0	12.4	10.4	28.3	2,017
Greene	8.0	2.3	8.7	8.3	22.0	704
Hamilton	2.4	0.7	2.4	2.9	5.1	1,041
Hancock	3.6	1.1	3.7	3.9	7.6	510
Harrison	4.5	2.2	8.9	7.2	17.2	982
Hendricks	2.5	0.6	2.7	2.9	6.5	966
Henry	7.8	2.9	9.8	9.0	24.2	1,220
Howard	5.8	3.7	9.4	8.6	23.5	1,884
Huntington	5.0	1.3	5.0	4.8	13.3	837
Jackson	5.3	2.2	7.8	7.3	18.2	898
Jasper	6.6	1.9	7.3	6.1	15.2	554
Jay	7.5	1.9	8.4	7.8	23.1	890
Jefferson	5.6	3.2	8.8	8.9	22.2	810
Jennings	4.6	2.6	10.2	10.8	22.4	686
Johnson	3.4	1.3	5.5	4.8	11.8	1,238
Knox	4.8	3.7	11.1	10.3	23.6	1,120
Kosciusko	4.9	1.0	4.1	4.1	15.5	1,060
LaGrange	5.3	0.6	2.5	3.2	12.1	362
Lake	7.1	8.1	15.4	12.4	30.9	12,544

Counties	Unemployment Rate 1993	FY 1994 AFDC %	FY 1994 Food Stamps %	FY 1994 Medicaid %	SY 1993-94 Students Enrolled in Free School Lunch Program %	Women and Children Receiving WIC Benefits (1992) Number
LaPorte	6.0	3.5	9.2	7.7	18.3	3,409
Lawrence	7.4	2.1	8.2	8.1	23.3	1,205
Madison	6.3	4.1	10.3	9.0	26.0	2,804
Marion	4.8	5.5	13.2	10.3	33.1	21,232
Marshall	4.8	1.1	4.9	4.5	17.9	1,022
Martin	6.4	2.5	9.8	9.1	24.4	310
Miami	6.1	2.6	9.5	7.6	20.5	1,435
Monroe	4.0	1.9	6.1	5.3	17.2	2,033
Montgomery	3.5	1.7	6.8	6.9	17.9	787
Morgan	4.6	1.6	7.5	6.2	14.8	1,157
Newton	5.4	2.2	7.3	7.1	25.4	322
Noble	5.4	1.0	4.2	4.5	15.8	523
Ohio	5.2	1.3	4.9	6.4	17.5	139
Orange	8.9	2.1	10.5	9.9	26.1	550
Owen	5.7	2.7	11.1	8.8	22.5	520
Parke	6.6	2.6	8.5	8.6	23.2	321
Perry	7.9	1.8	6.8	6.8	17.9	312
Pike	6.6	3.2	11.7	9.7	23.9	283
Porter	4.9	1.3	4.1	3.9	10.8	3,070
Posey	4.0	2.6	7.5	6.8	13.2	458
Pulaski	6.9	2.1	8.7	7.3	16.6	500
Putnam	4.0	1.3	5.2	5.2	15.1	895
Randolph	9.9	3.1	12.0	9.8	21.8	918
Ripley	6.3	2.1	7.3	7.6	16.2	446
Rush	6.0	1.7	6.0	6.6	19.3	442
St. Joseph	5.2	4.6	9.8	8.4	23.5	6,819
Scott	6.3	5.2	14.8	13.0	32.2	976
Shelby	5.2	1.9	6.5	6.2	14.8	839
Spencer	6.7	1.6	6.4	6.6	13.2	358
Starke	7.4	2.6	10.4	8.9	27.3	844
Steuben	5.1	1.2	6.0	5.3	15.2	700
Sullivan	8.3	2.5	11.1	9.6	21.3	527
Switzerland	5.9	2.4	8.6	9.1	30.5	161
Tippecanoe	3.5	1.9	5.9	4.8	15.3	2,762
Tipton	4.8	1.2	6.5	5.8	11.8	196
Union	5.8	2.2	8.8	8.3	20.5	200
Vanderburgh	5.5	4.4	12.2	10.4	26.4	3,469
Vermillion	8.3	2.7	8.4	8.2	24.7	265
Vigo	6.4	3.3	10.1	8.5	28.4	2,652
Wabash	5.5	1.7	5.5	6.3	15.8	1,025
Warren	4.9	1.3	5.7	5.9	16.6	337
Warrick	5.1	1.3	5.5	5.5	12.7	810
Washington	7.1	2.9	10.2	9.7	25.3	685
Wayne	8.3	4.7	13.4	11.3	30.5	2,365
Wells	4.2	1.0	3.8	4.4	10.9	577
White	5.9	1.5	6.7	6.6	14.4	468
Whitley	4.3	0.8	3.2	3.7	10.4	463
Indiana	**5.3**	**3.5**	**9.3**	**8.0**	**21.9**	**229,383**

5. Child Abuse and Neglect

Counties	Child Abuse, FY 1994		Child Neglect, FY 1994		Abuse & Neglect Rate per 1,000 Children < 18	Total Deaths from Abuse & Neglect FY 1989 - FY 1994
	Reported Cases	% Reports Sub./Ind.	Reported Cases	% Reports Sub./Ind.		
Adams	131	53.4	318	59.7	26.4	0
Allen	712	53.1	803	51.7	9.5	8
Bartholomew	496	26.4	816	26.6	21.1	2
Benton	53	43.4	17	41.2	11.3	0
Blackford	30	0.0	11	27.3	0.8	1
Boone	190	53.7	131	55.7	16.8	1
Brown	85	31.8	100	32.0	17.0	1
Carroll	16	62.5	3	100.0	2.6	1
Cass	157	66.9	207	67.6	24.1	2
Clark	661	57.3	729	48.6	32.5	3
Clay	108	42.6	120	36.7	13.9	2
Clinton	187	56.1	185	62.7	25.8	0
Crawford	50	66.0	64	76.6	30.1	0
Daviess	94	51.1	92	59.8	12.9	1
Dearborn	128	28.1	186	34.4	9.0	3
Decatur	93	51.6	116	66.4	18.3	4
DeKalb	269	64.3	397	65.2	42.2	6
Delaware	580	49.7	1,136	49.8	32.3	4
Dubois	86	66.3	175	40.6	12.4	0
Elkhart	1,054	56.5	895	54.1	24.3	14
Fayette	300	59.7	360	47.5	50.7	0
Floyd	299	44.5	406	55.2	20.9	4
Fountain	53	45.3	35	68.6	10.4	0
Franklin	100	55.0	127	47.2	19.9	0
Fulton	53	71.7	56	48.2	13.0	0
Gibson	127	48.8	176	69.9	22.6	0
Grant	565	43.7	783	37.7	29.5	1
Greene	164	47.6	231	31.6	19.5	1
Hamilton	297	28.6	206	19.4	4.0	2
Hancock	202	44.6	151	47.7	12.9	0
Harrison	119	40.3	85	48.2	10.5	0
Hendricks	256	57.0	150	40.7	9.8	2
Henry	184	56.0	284	57.0	22.4	5
Howard	388	52.8	430	59.3	21.4	5
Huntington	256	35.2	174	16.1	12.0	2
Jackson	195	32.8	318	28.9	15.3	0
Jasper	90	48.9	114	44.7	13.2	1
Jay	66	53.0	61	63.9	13.0	0
Jefferson	151	32.5	262	29.4	16.9	2
Jennings	184	52.2	227	47.6	31.9	0
Johnson	526	36.1	394	31.7	13.2	4
Knox	112	45.5	267	33.0	15.1	4
Kosciusko	238	63.4	361	76.5	22.7	6
LaGrange	140	64.3	118	44.9	13.8	1
Lake	1,364	50.7	2,168	63.5	15.5	42

Counties	Child Abuse, FY 1994 Reported Cases	Child Abuse, FY 1994 % Reports Sub./Ind.	Child Neglect, FY 1994 Reported Cases	Child Neglect, FY 1994 % Reports Sub./Ind.	Abuse & Neglect Rate per 1,000 Children < 18	Total Deaths from Abuse & Neglect FY 1989 - FY 1994
LaPorte	1,303	37.4	790	31.0	27.0	5
Lawrence	164	28.7	230	20.4	8.6	0
Madison	744	51.3	804	57.6	26.1	3
Marion	6,109	35.4	4,848	30.5	17.9	57
Marshall	386	57.0	522	55.2	42.2	3
Martin	105	35.2	155	35.5	32.8	2
Miami	77	50.6	83	49.4	7.6	0
Monroe	413	30.0	414	28.0	12.0	1
Montgomery	151	45.7	251	39.4	19.4	2
Morgan	645	65.6	390	52.8	40.4	0
Newton	70	31.4	61	24.6	9.4	0
Noble	176	63.1	270	65.9	26.0	3
Ohio	37	40.5	32	75.0	28.0	1
Orange	152	25.0	217	25.8	19.1	1
Owen	195	45.1	280	21.4	32.0	0
Parke	97	40.2	162	24.7	20.4	0
Perry	71	40.8	152	55.3	22.8	2
Pike	44	45.5	64	48.4	16.6	0
Porter	604	55.8	1,012	67.3	28.7	0
Posey	99	50.5	88	39.8	11.7	1
Pulaski	73	32.9	80	26.3	12.4	0
Putnam	253	48.6	173	34.1	26.0	2
Randolph	67	56.7	106	63.2	14.9	1
Ripley	142	52.1	260	49.2	28.8	1
Rush	139	38.8	177	32.2	21.9	0
St. Joseph	571	45.0	814	37.5	9.0	10
Scott	182	55.5	259	37.8	34.1	0
Shelby	306	44.4	299	33.4	21.4	2
Spencer	89	56.2	64	35.9	13.7	1
Starke	87	72.4	64	64.1	16.3	0
Steuben	105	62.9	186	60.2	24.8	2
Sullivan	92	50.0	104	61.5	22.7	0
Switzerland	32	68.8	31	77.4	22.0	0
Tippecanoe	436	47.7	523	58.5	18.8	6
Tipton	67	35.8	28	35.7	8.1	2
Union	12	83.3	28	35.7	10.3	0
Vanderburgh	944	43.8	1,120	48.8	24.3	18
Vermillion	58	44.8	90	43.3	15.6	0
Vigo	342	42.1	471	43.9	14.4	5
Wabash	148	66.2	145	33.1	15.8	0
Warren	55	54.5	84	53.6	35.0	0
Warrick	302	31.8	268	37.3	15.4	1
Washington	105	48.6	104	34.6	13.4	1
Wayne	444	43.7	662	46.1	27.5	2
Wells	127	55.1	112	54.5	17.8	0
White	130	52.3	120	49.2	20.2	1
Whitley	63	87.3	59	84.7	13.4	1
Indiana	**28,622**	**45.3**	**31,701**	**45.2**	**18.8**	**272**

6. Education, I. School Year 1993-94

Counties	No Students Enrolled in All Grades 1993-94	% Retained in Grade 1993-94	Students Enrolled in Grades 7-12 1993-94	Dropouts from Grades 7-12		% High-School Graduates 1993-94
				Number of Students Dropped Out	Annual Dropout Rate: % of Students Enrolled	
Adams	5,240	.6	2,558	51	2.0	88.7
Allen	49,065	1.8	22,231	836	3.8	80.2
Bartholomew	11,061	1.0	5,102	131	2.6	86.3
Benton	2,149	1.0	1,057	20	1.9	89.3
Blackford	2,395	1.0	1,096	50	4.6	73.5
Boone	7,365	.9	3,259	46	1.4	91.4
Brown	2,352	1.2	1,138	18	1.6	90.2
Carroll	2,816	1.2	1,263	37	2.9	85.7
Cass	7,275	1.0	3,424	127	3.7	79.2
Clark	14,501	.8	6,899	259	3.7	76.7
Clay	4,725	1.2	2,186	74	3.4	80.6
Clinton	6,358	1.4	2,809	70	2.5	86.2
Crawford	1,858	1.3	876	43	4.9	73.9
Daviess	4,400	.5	1,966	82	4.2	79.9
Dearborn	8,230	1.3	3,934	119	3.0	83.0
Decatur	4,534	1.3	2,282	98	4.3	75.4
DeKalb	7,380	.4	3,475	139	4.0	78.4
Delaware	18,163	.9	8,476	301	3.5	80.3
Dubois	6,974	.8	3,166	33	1.0	93.6
Elkhart	28,839	1.3	12,323	564	4.6	74.1
Fayette	4,783	1.4	2,376	104	4.4	75.9
Floyd	10,908	1.1	5,055	188	3.7	78.4
Fountain	3,285	1.4	1,493	45	3.0	84.8
Franklin	2,817	.5	1,372	51	3.7	79.6
Fulton	2,729	1.2	1,259	43	3.4	80.1
Gibson	5,799	1.0	2,710	73	2.7	83.8
Grant	11,969	1.1	5,342	80	1.5	90.7
Greene	5,940	1.2	2,790	66	2.4	85.6
Hamilton	24,401	.6	10,405	173	1.7	89.5
Hancock	9,296	.6	4,460	60	1.3	91.8
Harrison	5,896	1.5	2,807	57	2.0	87.7
Hendricks	15,338	.7	7,104	99	1.4	91.5
Henry	8,541	1.6	4,085	102	2.5	86.2
Howard	14,429	1.7	6,634	168	2.5	85.3
Huntington	6,870	.2	3,175	58	1.8	88.9
Jackson	6,598	2.2	3,219	81	2.5	86.2
Jasper	4,651	1.2	2,264	71	3.1	83.5
Jay	4,075	.7	1,960	45	2.3	86.1
Jefferson	5,024	1.0	2,363	64	2.7	84.0
Jennings	4,385	1.7	2,013	68	3.4	81.1
Johnson	17,846	1.0	8,188	171	2.1	88.0
Knox	6,450	1.1	2,906	97	3.3	80.0
Kosciusko	14,140	1.5	6,402	144	2.2	86.3
LaGrange	6,193	.7	2,525	95	3.8	76.6
Lake	87,744	2.7	42,317	1,026	2.4	86.1

Counties	No Students Enrolled in All Grades 1993-94	% Retained in Grade 1993-94	Students Enrolled in Grades 7-12 1993-94	Dropouts from Grades 7-12		% High-School Graduates 1993-94
				Number of Students Dropped Out	Annual Dropout Rate: % of Students Enrolled	
LaPorte	18,534	2.2	8,705	260	3.0	83.6
Lawrence	7,498	1.6	3,521	139	3.9	79.5
Madison	21,027	1.9	10,125	260	2.6	85.0
Marion	122,057	2.4	51,594	2206	4.3	75.0
Marshall	7,799	1.1	3,530	102	2.9	81.9
Martin	1,942	.7	859	26	3.0	82.7
Miami	8,024	1.5	3,754	74	2.0	88.3
Monroe	13,039	1.0	5,984	162	2.7	83.7
Montgomery	6,229	1.1	2,789	[illegible]	2.1	87.2
Morgan	10,927	1.0	5,007	175	3.5	79.9
Newton	2,802	1.0	1,333	60	4.5	76.8
Noble	7,517	.9	3,252	133	4.1	77.8
Ohio	1,027	.8	471	12	2.5	82.7
Orange	3,473	1.0	1,677	66	3.9	79.1
Owen	3,021	1.9	1,351	58	4.3	77.0
Parke	2,628	.6	1,154	14	1.2	93.0
Perry	3,527	.7	1,694	45	2.7	84.7
Pike	2,036	1.5	924	38	4.1	74.6
Porter	25,260	.6	12,287	225	1.8	89.4
Posey	4,770	1.0	2,253	46	2.0	87.2
Pulaski	2,544	1.2	1,145	37	3.2	82.1
Putnam	6,284	1.7	2,865	89	3.1	82.3
Randolph	5,083	1.0	2,421	88	3.6	80.4
Ripley	5,032	1.0	2,310	50	2.2	87.8
Rush	2,894	1.3	1,440	57	4.0	77.7
St. Joseph	38,756	1.2	17,592	537	3.0	82.3
Scott	4,024	1.6	1,890	61	3.2	82.2
Shelby	7,727	.9	3,576	75	2.1	87.1
Spencer	3,767	.5	1,799	38	2.1	87.7
Starke	4,421	1.2	2,027	109	5.4	71.9
Steuben	4,667	.2	2,091	46	2.2	86.5
Sullivan	3,583	.5	1,700	56	3.3	81.4
Switzerland	1,561	3.0	754	16	2.1	85.9
Tippecanoe	17,475	.8	7,692	207	2.7	84.3
Tipton	2,971	1.1	1,439	37	2.6	85.7
Union	1,496	.8	754	11	1.5	92.2
Vanderburgh	23,826	1.2	10,793	333	3.1	82.1
Vermillion	3,025	3.0	1,477	64	4.3	75.9
Vigo	16,995	.6	7,513	298	4.0	77.4
Wabash	6,581	1.7	3,192	81	2.5	85.4
Warren	1,310	.9	624	1	0.2	99.0
Warrick	8,842	2.0	4,296	118	2.7	84.1
Washington	4,579	2.6	2,199	88	4.0	76.9
Wayne	12,340	.9	5,726	147	2.6	83.9
Wells	5,218	1.7	2,385	42	1.8	92.3
White	5,504	.4	2,576	54	2.1	87.2
Whitley	5,033	.2	2,238	79	3.5	80.5
Indiana	**964,462**	**1.74**	**441,522**	**13,294**	**3.01**	**82.6**

7. Education, II

Counties	Number of High-School Graduates 1992-93	% Intending to Pursue Postsecondary Education, 1992-93			% Ages 16 - 19 Not High-School Graduates & Not in Educational Program 1990
		Four-year College	Voc/Tech School	All Types of Postsecondary Education	
Adams	380	48.9	7.6	65.5	22.3
Allen	2,905	55.2	10.7	75.3	10.2
Bartholomew	770	28.4	8.4	47.4	12.4
Benton	147	52.4	4.1	70.1	8.1
Blackford	163	46.0	8.0	64.4	11
Boone	483	56.5	9.3	74.5	7.5
Brown	164	56.7	4.3	65.2	10.7
Carroll	193	41.4	11.9	62.2	6.7
Cass	506	38.1	7.5	54.7	14.5
Clark	866	51.3	6.6	63.4	13.4
Clay	270	45.6	4.1	55.9	9.5
Clinton	442	43.4	9.5	64.0	14.1
Crawford	123	25.2	19.5	57.7	23.5
Daviess	254	36.2	3.9	72.8	25.7
Dearborn	536	46.8	11.6	66.6	10.6
Decatur	323	42.4	7.7	61.9	14.2
DeKalb	539	39.5	8.3	51.9	14.2
Delaware	1,247	53.1	5.8	66.3	6.2
Dubois	458	47.2	12.0	71.6	5.3
Elkhart	1,490	52.0	4.6	66.4	19
Fayette	308	32.8	4.2	49.7	16.8
Floyd	743	53.8	4.3	61.9	9.3
Fountain	217	43.8	12.0	69.1	8.5
Franklin	189	43.4	5.3	52.4	11.4
Fulton	150	46.0	10.7	65.3	10.5
Gibson	355	40.8	7.0	72.1	6
Grant	787	33.8	5.7	49.0	10.3
Greene	336	30.6	8.0	58.3	14
Hamilton	1,449	74.4	4.5	87.3	6.6
Hancock	683	55.9	4.8	72.0	9.3
Harrison	342	37.1	7.9	48.5	11.8
Hendricks	1,020	55.8	7.3	71.6	10.3
Henry	650	42.9	7.2	64.8	9.5
Howard	932	51.9	8.0	67.9	10.2
Huntington	351	48.4	14.0	97.1	12.4
Jackson	440	42.5	7.5	60.7	10.5
Jasper	290	51.4	3.4	66.5	4.7
Jay	229	41.9	8.7	63.3	16.8
Jefferson	305	41.3	13.1	64.6	8.2
Jennings	289	37.4	6.2	50.5	11.8
Johnson	1,102	50.9	10.1	73.5	13.2
Knox	363	18.7	2.5	70.8	6.4
Kosciusko	806	41.7	14.4	61.8	12.4
LaGrange	311	33.8	7.1	58.2	42.1
Lake	5,319	48.5	8.3	66.1	9.4

Counties	Number of High-School Graduates 1992-93	% Intending to Pursue Postsecondary Education, 1992-93			% Ages 16 - 19 Not High-School Graduates & Not in Educational Program 1990
		Four-year College	Voc/Tech School	All Types of Postsecondary Education	
LaPorte	1,077	49.3	7.7	71.9	11.4
Lawrence	448	37.7	5.6	55.1	16.1
Madison	1,471	50.2	10.1	77.0	10.1
Marion	5,769	54.4	6.4	70.7	17.3
Marshall	443	39.5	4.3	54.6	14.9
Martin	146	17.8	5.5	58.2	11.9
Miami	527	51.8	5.3	64.3	9.7
Monroe	789	56.0	8.0	75.9	4.5
Montgomery	413	49.9	13.3	75.5	9.3
Morgan	658	37.8	10.8	60.0	13.1
Newton	168	41.7	9.5	65.5	12.5
Noble	416	39.9	10.6	54.3	15.9
Ohio	56	32.1	5.4	48.2	8.1
Orange	226	43.4	8.8	66.8	15.7
Owen	166	32.5	10.8	60.2	11.2
Parke	171	29.2	10.5	52.0	7.6
Perry	237	42.6	5.9	61.6	13.6
Pike	150	31.3	2.0	50.7	16.9
Porter	1,858	48.0	4.5	58.4	7.2
Posey	305	53.1	13.1	75.1	12.5
Pulaski	154	40.3	8.4	57.8	14.7
Putnam	344	44.8	8.7	63.4	6.0
Randolph	320	44.4	10.9	67.5	11.2
Ripley	361	41.0	8.6	64.3	9.1
Rush	206	30.1	18.0	52.4	9.8
St. Joseph	2,160	52.4	6.8	68.1	11.1
Scott	245	31.8	7.3	43.7	17.0
Shelby	541	43.6	6.1	57.7	15.5
Spencer	251	54.2	3.2	61.3	9.8
Starke	272	33.8	8.1	48.5	17.0
Steuben	287	49.8	11.1	70.7	6.2
Sullivan	242	29.7	5.8	55.8	7.0
Switzerland	94	13.8	14.9	41.5	13.5
Tippecanoe	1,089	58.5	3.3	67.0	3.5
Tipton	231	43.3	6.5	56.3	10.1
Union	98	25.5	6.1	40.8	6.5
Vanderburgh	1,339	55.5	8.5	71.1	11.8
Vermillion	217	35.5	12.4	59.0	9.1
Vigo	1,050	47.9	9.7	72.1	9.7
Wabash	428	39.9	7.7	59.1	10.3
Warren	79	50.6	16.5	75.9	7.3
Warrick	610	71.1	12.3	90.8	9.0
Washington	254	38.2	6.3	53.9	16.2
Wayne	785	41.0	5.6	53.2	13.2
Wells	325	48.3	7.1	60.9	9.3
White	362	42.3	18.0	69.9	8.9
Whitley	338	37.9	13.6	62.4	12.1
Indiana	**58,401**	**48.4**	**7.8**	**66.5**	**11.4**

8. Health and Well-Being

Counties	% Mothers Receiving Prenatal Care in 1st Trimester 1992	% Infants Born at Low Birthweight 1992	% of Children Fully Immunized At Age Two (1989-90)	% of Children Fully Immunized At School Entry (1992-93)
Adams	65.6	5.7	69	99
Allen	79.2	6.3	44	95
Bartholomew	88.7	6.1	56	98
Benton	81.5	4.2	61	96
Blackford	77.0	6.6	31	99
Boone	83.1	6.0	68	100
Brown	75.6	3.1	41	95
Carroll	84.5	3.1	56	99
Cass	82.0	7.0	43	99
Clark	83.8	7.8	47	95
Clay	78.6	9.6	51	94
Clinton	76.4	6.7	58	98
Crawford	80.8	7.5	33	97
Daviess	59.1	5.5	45	97
Dearborn	81.7	5.9	46	98
Decatur	78.4	7.8	55	98
DeKalb	80.4	6.2	47	98
Delaware	85.5	6.6	52	96
Dubois	90.5	4.0	71	99
Elkhart	74.0	6.4	56	94
Fayette	82.5	8.7	50	94
Floyd	86.5	5.5	50	97
Fountain	81.1	5.3	49	100
Franklin	79.7	3.8	66	98
Fulton	84.4	5.8	49	96
Gibson	87.5	6.5	63	97
Grant	69.3	6.0	34	98
Greene	76.4	7.8	48	99
Hamilton	89.0	5.6	62	98
Hancock	88.6	6.8	60	100
Harrison	84.7	5.6	52	96
Hendricks	88.6	4.3	62	99
Henry	88.1	5.5	54	98
Howard	77.7	6.3	51	97
Huntington	81.0	4.6	49	98
Jackson	82.0	5.0	49	100
Jasper	81.1	6.2	46	97
Jay	75.3	4.0	48	98
Jefferson	69.8	4.6	47	97
Jennings	83.7	8.3	38	100
Johnson	83.6	6.8	52	98
Knox	74.9	5.8	39	95
Kosciusko	77.1	6.1	48	96
LaGrange	55.1	5.6	38	95
Lake	76.6	8.3	31	95

Counties	% Mothers Receiving Prenatal Care in 1st Trimester 1992	% Infants Born at Low Birthweight 1992	% of Children Fully Immunized At Age Two (1989-90)	% of Children Fully Immunized At School Entry (1992-93)
LaPorte	75.7	5.9	35	94
Lawrence	72.7	4.4	62	97
Madison	79.1	8.4	55	96
Marion	76.5	8.4	51	94
Marshall	79.2	6.6	51	97
Martin	74.3	6.1	63	89
Miami	83.4	6.9	50	98
Monroe	82.0	5.3	55	96
Montgomery	77.1	5.3	62	99
Morgan	77.1	6.6	55	97
Newton	82.9	6.3	37	95
Noble	78.8	6.7	44	95
Ohio	87.7	3.4	57	96
Orange	73.1	4.8	68	98
Owen	68.4	4.6	48	96
Parke	72.4	5.0	44	98
Perry	87.4	4.8	52	99
Pike	81.8	10.1	59	99
Porter	81.5	6.2	40	96
Posey	88.7	4.8	69	99
Pulaski	79.9	6.5	47	97
Putnam	84.9	4.9	60	95
Randolph	83.5	5.6	55	98
Ripley	70.8	6.6	53	96
Rush	80.4	3.9	76	97
St. Joseph	78.2	7.1	40	96
Scott	74.4	7.2	50	96
Shelby	86.1	4.7	48	98
Spencer	85.8	3.5	62	99
Starke	77.0	5.0	30	94
Steuben	75.2	8.1	44	98
Sullivan	76.1	5.3	32	96
Switzerland	70.3	7.6	27	93
Tippecanoe	84.6	6.4	54	98
Tipton	84.5	5.3	54	100
Union	83.3	2.8	57	96
Vanderburgh	84.6	6.6	51	97
Vermillion	74.9	6.7	63	99
Vigo	78.9	6.7	47	97
Wabash	75.4	3.5	46	98
Warren	86.5	1.9	41	100
Warrick	88.1	5.9	66	98
Washington	78.6	3.1	37	97
Wayne	69.3	5.9	58	97
Wells	85.8	5.7	50	97
White	83.4	4.5	41	98
Whitley	85.7	4.5	50	99
Indiana	**79.1**	**6.7**	**50**	**96**

9. Pregnancy and Birth Data, 1992

		Mother Ages 10 - 14		Mother Ages 15 -17		Mother Ages 18 - 19		
Counties	Total Live Births	Reported Pregnancies	Live Births	Reported Pregnancies	Live Births	Reported Pregnancies	Live Births	% of Births to Mothers < 20 that were Nonmarital
Adams	544	2	2	8	7	34	34	60.5
Allen	5,133	27	13	272	218	496	388	82.9
Bartholomew	955	2	2	37	30	105	86	65.3
Benton	119	1	0	5	3	12	10	53.8
Blackford	196	1	0	9	9	27	26	74.3
Boone	536	2	0	23	16	43	33	63.3
Brown	162	0	0	6	5	24	19	70.8
Carroll	227	0	0	9	6	23	17	56.5
Cass	501	0	0	35	29	68	58	71.3
Clark	1,197	2	2	85	81	92	88	71.3
Clay	356	0	0	26	24	48	46	58.6
Clinton	463	0	0	28	23	38	36	57.6
Crawford	133	0	0	8	8	15	14	50.0
Daviess	470	0	0	24	22	53	52	48.6
Dearborn	510	1	1	15	13	40	39	62.3
Decatur	396	0	0	21	20	44	41	52.5
DeKalb	568	3	2	40	36	55	51	70.8
Delaware	1,511	9	5	98	75	200	143	71.7
Dubois	593	0	0	14	14	36	36	66.0
Elkhart	2,624	9	8	152	131	261	229	75.3
Fayette	402	2	2	31	27	55	50	62.0
Floyd	893	5	5	55	55	102	102	75.9
Fountain	244	1	1	11	8	31	26	65.7
Franklin	314	0	0	18	17	25	25	57.1
Fulton	224	0	0	7	6	25	22	46.4
Gibson	417	0	0	14	13	41	41	50.0
Grant	1,002	3	3	82	66	139	125	74.2
Greene	374	0	0	21	18	33	30	66.7
Hamilton	1,942	0	0	45	34	103	81	73.9
Hancock	570	2	0	30	23	51	38	62.3
Harrison	394	0	0	13	13	30	29	64.3
Hendricks	994	2	1	30	19	70	50	74.3
Henry	615	2	1	32	20	61	51	59.7
Howard	1,232	3	1	87	72	144	120	75.1
Huntington	504	0	0	26	20	54	45	72.3
Jackson	539	1	1	29	29	51	47	61.0
Jasper	353	1	1	11	7	35	31	51.3
Jay	322	0	0	11	10	33	26	38.9
Jefferson	409	0	0	22	22	36	35	56.1
Jennings	363	1	0	21	18	60	57	45.3
Johnson	1,334	1	1	66	51	134	102	64.3
Knox	463	1	1	19	17	51	44	62.9
Kosciusko	1,046	0	0	50	43	125	105	55.4
LaGrange	592	0	0	11	11	53	49	46.7
Lake	7,602	46	29	587	450	932	759	89.0

Counties	Total Live Births	Mother Ages 10 - 14		Mother Ages 15 -17		Mother Ages 18 - 19		% of Births to Mothers < 20 that were Nonmarital
		Reported Pregnancies	Live Births	Reported Pregnancies	Live Births	Reported Pregnancies	Live Births	
LaPorte	1,524	8	4	118	91	184	150	78.4
Lawrence	607	1	0	31	30	74	64	58.5
Madison	1,750	8	2	118	100	239	202	79.6
Marion	14,700	107	68	1,117	874	2,025	1,468	85.2
Marshall	640	0	0	30	26	62	56	57.3
Martin	148	0	0	13	10	17	17	59.3
Miami	620	1	1	34	29	68	60	58.9
Monroe	1,199	4	0	48	36	156	84	55.0
Montgomery	475	1	1	22	15	50	42	60.3
Morgan	874	2	1	41	29	94	83	54.9
Newton	175	2	1	12	10	15	12	56.5
Noble	631	1	1	20	19	61	57	51.9
Ohio	58	0	0	2	1	7	7	75.0
Orange	209	2	2	12	10	24	22	47.1
Owen	262	0	0	24	22	30	26	58.3
Parke	181	0	0	12	11	25	23	64.7
Perry	208	0	0	7	7	21	20	48.1
Pike	149	0	0	8	7	11	11	66.7
Porter	1,656	0	0	63	41	159	108	72.5
Posey	356	0	0	7	7	27	26	69.7
Pulaski	184	1	1	9	8	22	22	51.6
Putnam	388	1	1	22	16	53	43	48.3
Randolph	355	0	0	25	22	39	35	52.6
Ripley	411	1	1	13	13	42	40	55.6
Rush	257	0	0	23	19	27	24	62.8
St. Joseph	3,809	21	14	239	192	407	332	83.8
Scott	293	1	1	20	19	39	39	37.3
Shelby	596	1	0	27	22	63	50	66.7
Spencer	255	0	0	18	17	15	14	64.5
Starke	322	1	0	20	20	45	42	67.7
Steuben	385	0	0	19	17	47	39	71.4
Sullivan	243	1	1	12	11	23	22	50.0
Switzerland	92	0	0	6	6	7	6	58.3
Tippecanoe	1,858	2	2	79	57	186	116	62.9
Tipton	208	0	0	11	9	12	10	73.7
Union	109	0	0	3	3	12	12	33.3
Vanderburgh	2,326	10	8	164	162	221	201	79.2
Vermillion	195	0	0	9	7	19	16	73.9
Vigo	1,475	6	2	103	87	181	144	72.5
Wabash	434	1	1	19	16	33	26	72.1
Warren	104	1	1	3	2	7	5	37.5
Warrick	594	1	1	19	17	54	50	67.6
Washington	326	2	1	11	11	34	33	57.8
Wayne	938	4	4	69	66	121	112	71.4
Wells	387	0	0	15	14	30	25	59.0
White	331	0	0	20	13	27	23	52.8
Whitley	423	0	0	18	16	28	24	77.5
Indiana	**84,058**	**322**	**202**	**4,979**	**4,076**	**9,331**	**7,579**	**74.1**

10. Deaths, 1992

Counties	‣ Infant Deaths		Child Deaths, Ages 1 - 14		Teen Violent Deaths, Ages 15 -19	
	Number	Rate per 1,000 Live Births	Number	Rate per 100,000*	Number	Rate per 100,000*
Adams	5	9.2	3	38.8	0	0.0
Allen	50	9.7	15	22.9	17	82.6
Bartholomew	6	6.3	1	7.8	4	87.9
Benton	0	0.0	0	0.0	1	166.7
Blackford	4	20.4	3	112.8	0	0.0
Boone	3	5.6	0	0.0	3	124.0
Brown	1	6.2	1	36.5	1	106.4
Carroll	1	4.4	1	25.6	1	75.8
Cass	6	12.0	3	38.9	2	76.3
Clark	7	5.8	9	51.3	5	79.4
Clay	4	11.2	1	19.7	1	61.0
Clinton	3	6.5	2	29.8	1	48.5
Crawford	0	0.0	1	48.8	2	266.7
Daviess	9	19.1	4	64.3	3	158.7
Dearborn	5	9.8	3	32.6	4	140.8
Decatur	3	7.6	0	0.0	1	56.5
DeKalb	6	10.6	2	24.4	2	77.8
Delaware	11	7.3	10	49.8	4	33.4
Dubois	7	11.8	0	0.0	2	85.5
Elkhart	25	9.5	15	42.7	4	37.5
Fayette	2	5.0	1	19.5	3	147.8
Floyd	6	6.7	4	29.3	2	44.1
Fountain	0	0.0	1	28.5	1	83.3
Franklin	0	0.0	0	0.0	0	0.0
Fulton	2	8.9	1	25.1	3	243.9
Gibson	2	4.8	1	15.8	0	0.0
Grant	10	10.0	8	57.8	4	68.8
Greene	2	5.3	4	66.0	2	98.5
Hamilton	13	6.7	4	14.6	5	65.6
Hancock	3	5.3	3	30.2	2	57.3
Harrison	1	2.5	0	0.0	3	138.2
Hendricks	3	3.0	3	18.0	3	51.0
Henry	5	8.1	4	45.1	0	0.0
Howard	11	8.9	3	18.0	5	87.6
Huntington	3	6.0	2	25.9	0	0.0
Jackson	5	9.3	2	25.1	2	75.5
Jasper	3	8.5	4	69.6	1	47.2
Jay	5	15.5	2	45.7	1	66.2
Jefferson	3	7.3	4	69.1	5	218.3
Jennings	1	2.8	0	0.0	1	53.5
Johnson	11	8.2	3	15.6	2	27.9
Knox	3	6.5	0	0.0	2	50.1
Kosciusko	16	15.3	3	20.2	6	136.4
LaGrange	4	6.8	3	37.0	1	38.0
Lake	79	10.4	38	36.7	29	84.3

*Use caution in use of rates based on fewer than four deaths in age category.

Counties	Infant Deaths		Child Deaths, Ages 1 - 14		Teen Violent Deaths, Ages 15 -19	
	Number	Rate per 1,000 Live Births	Number	Rate per 100,000*	Number	Rate per 100,000*
LaPorte	15	9.8	5	23.7	4	57.0
Lawrence	3	4.9	3	35.9	7	231.0
Madison	15	8.6	13	52.8	5	52.9
Marion	177	12.0	51	31.8	19	39.0
Marshall	2	3.1	3	31.3	3	106.0
Martin	0	0.0	0	0.0	2	277.8
Miami	5	8.1	2	24.7	2	77.2
Monroe	14	11.7	2	12.7	1	7.5
Montgomery	3	6.3	0	0.0	3	125.0
Morgan	12	13.7	2	16.2	2	45.8
Newton	3	17.1	1	32.2	0	0.0
Noble	13	20.6	7	79.8	4	143.9
Ohio	0	0.0	0	0.0	1	294.1
Orange	1	4.8	1	26.6	0	0.0
Owen	2	7.6	1	26.5	2	162.6
Parke	4	22.1	0	0.0	0	0.0
Perry	3	14.4	1	26.8	0	0.0
Pike	3	20.1	3	130.4	0	0.0
Porter	9	5.4	8	27.8	5	48.6
Posey	3	8.4	2	35.1	1	59.5
Pulaski	1	5.4	1	35.0	1	113.6
Putnam	0	0.0	0	0.0	1	35.3
Randolph	1	2.8	1	19.1	0	0.0
Ripley	2	4.9	1	18.2	2	109.9
Rush	2	7.8	0	0.0	1	71.9
St. Joseph	45	11.8	18	36.7	10	621.1
Scott	4	13.7	1	22.4	5	175.4
Shelby	1	1.7	1	11.6	0	0.0
Spencer	1	3.9	1	24.1	2	11.0
Starke	3	9.3	1	20.8	0	0.0
Steuben	6	15.6	2	35.1	0	0.0
Sullivan	1	4.1	0	0.0	1	80.6
Switzerland	3	32.6	1	59.9	1	185.2
Tippecanoe	13	7.0	1	4.6	1	6.7
Tipton	1	4.8	0	0.0	1	86.2
Union	0	0.0	0	0.0	0	0.0
Vanderburgh	22	9.5	9	29.1	8	80.0
Vermillion	3	15.4	0	0.0	2	173.9
Vigo	12	8.1	7	37.0	4	45.4
Wabash	3	6.9	2	28.7	1	36.5
Warren	1	9.6	0	0.0	0	0.0
Warrick	2	3.4	2	19.8	0	0.0
Washington	0	0.0	0	0.0	2	115.6
Wayne	12	12.8	1	7.3	5	94.7
Wells	7	18.1	2	34.5	2	122.7
White	2	6.0	0	0.0	0	0.0
Whitley	1	2.4	2	32.4	1	49.0
Indiana	**785**	**9.3**	**331**	**29.0**	**253**	**62.4**

11. FBI Uniform Crime Report, 1992

Counties	Total Juvenile Arrests Reported	Data Missing?	Violent Crime Arrests	Weapons Offense Arrests
Adams	99	yes	7	2
Allen	2,262	no	233	71
Bartholomew	562	no	9	6
Benton	38	yes	0	0
Blackford	49	yes	0	0
Boone	84	yes	0	1
Brown	no data	–	–	–
Carroll	24	yes	1	1
Cass	342	yes	5	0
Clark	611	yes	10	3
Clay	21	yes	1	0
Clinton	163	yes	0	0
Crawford	no data	–	–	–
Daviess	7	yes	0	0
Dearborn	4	yes	0	0
Decatur	39	yes	0	0
DeKalb	165	yes	40	1
Delaware	31	yes	0	0
Dubois	141	yes	2	6
Elkhart	2,145	no	64	20
Fayette	149	yes	12	1
Floyd	473	yes	20	0
Fountain	no data	–	–	–
Franklin	no data	–	–	–
Fulton	no data	–	–	–
Gibson	4	yes	0	0
Grant	1,092	yes	5	6
Greene	0	yes	0	0
Hamilton	592	yes	2	2
Hancock	134	yes	4	2
Harrison	123	yes	2	0
Hendricks	119	yes	2	2
Henry	272	yes	0	0
Howard	1,096	no	54	2
Huntington	361	no	7	0
Jackson	34	yes	0	1
Jasper	34	yes	0	0
Jay	62	yes	6	0
Jefferson	137	no	5	0
Jennings	90	yes	2	0
Johnson	388	yes	4	1
Knox	50	yes	0	2
Kosciusko	364	yes	4	2
LaGrange	0	yes	0	0
Lake	3,867	yes	202	45

Counties	Total Juvenile Arrests Reported	Data Missing?	Violent Crime Arrests	Weapons Offense Arrests
LaPorte	1,650	yes	68	5
Lawrence	238	yes	2	0
Madison	1,137	yes	46	12
Marion	8,496	yes	704	94
Marshall	8	yes	0	0
Martin	6	yes	0	0
Miami	no data	–	–	–
Monroe	317	yes	17	1
Montgomery	427	no	0	4
Morgan	113	yes	0	6
Newton	1	yes	0	0
Noble	97	yes	5	1
Ohio	no data	–	–	–
Orange	no data	–	–	–
Owen	no data	–	–	–
Parke	0	yes	0	0
Perry	138	yes	0	0
Pike	17	yes	0	0
Porter	1,314	no	50	8
Posey	44	yes	0	0
Pulaski	0	no	0	0
Putnam	2	yes	0	0
Randolph	20	yes	0	0
Ripley	2	yes	0	0
Rush	1	yes	0	0
St. Joseph	3,031	no	182	24
Scott	56	yes	0	0
Shelby	no data	–	–	–
Spencer	5	yes	0	0
Starke	no data	–	–	–
Steuben	147	yes	5	0
Sullivan	no data	–	–	–
Switzerland	no data	–	–	–
Tippecanoe	929	yes	7	6
Tipton	2	yes	0	0
Union	no data	–	–	–
Vanderburgh	1,344	no	102	9
Vermillion	no data	–	–	–
Vigo	593	yes	21	4
Wabash	173	yes	22	3
Warren	no data	–	–	–
Warrick	0	yes	0	0
Washington	no data	–	–	–
Wayne	877	yes	9	1
Wells	195	no	10	1
White	37	yes	0	0
Whitley	no data	–	–	–
Indiana	**37,645**	**yes**	**1,953**	**356**

12. Juvenile Justice

Counties	Indiana Judicial Report Juvenile Case Filings, 1993					Commitments to Indiana Dept. of Correction, 1994	
	CHINS	Delinquency	Status	Paternity	Misc.	Boys	Girls
Adams	17	109	22	58	3	6	2
Allen	510	722	58	665	3,281	115	17
Bartholomew	49	261	0	117	120	19	8
Benton	2	26	7	8	1	0	0
Blackford	12	14	0	41	3	4	2
Boone	19	41	1	42	63	0	0
Brown	17	22	8	10	0	1	0
Carroll	1	45	14	14	65	5	0
Cass	45	68	6	72	60	8	2
Clark	106	163	62	206	729	9	6
Clay	22	54	57	62	5	1	3
Clinton	12	55	17	57	20	4	2
Crawford	33	20	0	9	5	0	0
Daviess	43	54	0	37	0	5	0
Dearborn	31	228	0	59	0	1	0
Decatur	14	44	0	37	86	1	0
DeKalb	154	146	50	76	13	11	1
Delaware	455	389	257	265	226	20	12
Dubois	38	64	18	41	2	1	1
Elkhart	364	498	416	323	201	48	13
Fayette	66	160	20	58	2	10	0
Floyd	95	111	0	233	116	10	1
Fountain	6	13	1	20	96	1	0
Franklin	29	0	0	45	0	5	4
Fulton	20	27	0	36	73	2	0
Gibson	20	13	1	79	71	4	0
Grant	54	232	53	199	730	13	7
Greene	71	115	0	53	4	2	3
Hamilton	40	553	96	95	7	0	2
Hancock	13	20	3	50	82	4	0
Harrison	21	50	35	37	1	1	1
Hendricks	17	451	0	83	2	7	3
Henry	39	88	0	90	53	3	3
Howard	39	195	89	236	0	29	20
Huntington	17	70	0	67	2	6	1
Jackson	56	177	48	52	5	7	1
Jasper	13	27	9	43	1	6	0
Jay	15	34	6	21	26	2	0
Jefferson	11	34	31	51	4	0	0
Jennings	22	18	0	48	9	0	0
Johnson	51	277	39	230	3	5	4
Knox	32	75	0	49	200	4	0
Kosciusko	25	104	0	140	3	16	7
LaGrange	30	180	0	34	0	2	0
Lake	689	1,812	18	1,768	343	54	10

Counties	Indiana Judicial Report Juvenile Case Filings, 1993					Commitments to Indiana Dept. of Correction, 1994	
	CHINS	Delinquency	Status	Paternity	Misc.	Boys	Girls
LaPorte	77	158	1	257	288	6	2
Lawrence	13	120	29	66	247	5	3
Madison	142	582	225	408	329	36	11
Marion	534	4,030	1,216	3,312	159	540	139
Marshall	21	101	63	60	129	3	5
Martin	7	26	21	9	49	0	1
Miami	34	59	17	101	9	9	0
Monroe	80	147	3	134	75	5	0
Montgomery	12	72	0	72	14	2	0
Morgan	54	235	40	89	26	5	8
Newton	38	22	0	25	0	0	0
Noble	27	96	0	88	18	5	1
Ohio	15	29	0	2	0	0	0
Orange	11	37	4	47	0	4	3
Owen	22	52	0	22	6	2	1
Parke	7	34	0	31	6	1	1
Perry	13	29	2	10	71	7	3
Pike	15	13	18	19	3	0	0
Porter	155	379	0	203	10	24	9
Posey	7	43	20	26	0	3	2
Pulaski	6	39	20	26	2	0	0
Putnam	19	129	23	42	0	3	5
Randolph	23	21	11	30	27	1	0
Ripley	13	33	1	37	0	0	0
Rush	18	29	0	19	50	3	1
St. Joseph	132	634	13	838	24	109	32
Scott	27	43	0	38	27	7	6
Shelby	16	109	24	61	84	8	4
Spencer	2	14	0	11	7	0	0
Starke	8	61	1	51	4	3	6
Steuben	18	66	16	72	22	0	0
Sullivan	34	21	0	30	1	0	1
Switzerland	16	10	4	11	4	0	0
Tippecanoe	167	236	122	179	23	18	5
Tipton	5	18	0	13	13	5	0
Union	8	0	0	7	0	0	0
Vanderburgh	157	322	38	464	216	55	12
Vermillion	8	6	0	40	13	0	0
Vigo	64	432	102	346	60	28	12
Wabash	29	122	4	85	99	7	3
Warren	1	11	1	5	10	1	1
Warrick	13	76	0	56	1	5	1
Washington	33	61	0	34	65	1	0
Wayne	101	90	10	234	176	27	5
Wells	25	56	11	39	95	13	2
White	18	33	9	57	66	0	0
Whitley	7	41	11	39	0	2	0
Indiana	**5,687**	**16,836**	**3,522**	**13,861**	**9,244**	**1,405**	**421**

Kids Count in Indiana Publications

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> *Examines problems facing Indiana's fragmented juvenile justice system. Draws together recommendations of many committees and task forces that have confronted the problems and examined solutions.*

Kids, Crime, and Court: The Juvenile Justice System in Indiana by Doreen L. Smith. Indiana Youth Institute, 1994. Single copies, $5 plus $3.00 postage and handling.

> *A basic primer describing the complexity of Indiana's juvenile justice system. Provides an overview of the processes of intake, detention, adjudication, and disposition of cases involving children younger than age 18. Summarizes background information about young people committed to the Indiana Department of Correction and presents data on juvenile arrests from the FBI Uniform Crime Report.*

Kids Count in Indiana 1995 Data Book by Judith B. Erickson. Indiana Youth Institute, 1995. Single copies $12.00 plus $3.00 postage and handling (forthcoming).

> *A review of state-level statistical indicators of the well-being of Indiana's children, youth, and their families. Covers demographics, education, child abuse and neglect, education, health, and high-risk adolescent behaviors. Also provides statistics for each of the state's 92 counties.*

Pamphlets (Available free while supplies last):

More than a band-aid is needed to heal Indiana's child welfare emergency!

> *Provides an overview of the child protection system in Indiana.*

Question Your Public Officials: Find Out Who's for Kids...and Who's Just Kidding

> *Provides facts related to the Indiana Youth Institute's 10 Blueprints for Healthy Development; lists questions Hoosiers can ask to hold public officials accountable for child well-being in Indiana.*

National KIDS COUNT Publications

1995 KIDS COUNT Data Book: State Profiles of Child Well-Being, The Annie E. Casey Foundation, Baltimore, MD, 1994. Available free after April 24, 1995 from The Annie E. Casey Foundation, Suite 420N, 111 Market Place, Baltimore, MD 21202 (Tel. 410/223-2890).

> *Uses the best available data to measure the educational, social, economic, and physical well-being of the nation's children. KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.*

Kids Voices Count: Illuminating the Statistics, by Children's Express, Washington, DC, 1994. Single copies $5 (includes postage and handling). Available from Children's Express Publications, 1440 New York Avenue, NW, Suite 510, Washington, DC 20005.

> *Young Children's Express teen editors, including several from the Indianapolis Bureau, traveled to cities, towns, and Indian reservations across the nation to listen to the voices of other young people. This companion volume to the* 1994 KIDS COUNT Data Book *captures some of the individual stories behind the statistics.*

10 Blueprints for Healthy Development

The Indiana Youth Institute's blueprints for healthy development of all Indiana's children are based on the premise that every child in Indiana–regardless of race, gender, ethnicity, physically or mentally challenging condition, geographical location or economic status–deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment.

Building a Healthy Body
Indiana's youth will be born at full term and normal birth weight to healthy mothers. They will receive a well-balanced diet in adequate supply to grow strong bodies to acceptable height for their age. They will be provided a balance of physical activity and rest in a safe and caring environment. They and their families will have access to good medical care and educational opportunities that will teach them how to abstain from health-endangering activities and engage in health-enhancing activities.

Building Positive Relationships
Indiana's children will experience love and care of parents and other significant adults. They will develop wholesome relationships while learning to work collaboratively with peers and adults.

Building Self-Acceptance
Indiana's children and youth will perceive themselves as lovable and capable; they will act with self-confidence, self-reliance, self-direction, and self-control. They will take pride in their accomplishments. As they develop self-esteem, they will have positive feelings about their own uniqueness as well as that of others.

Building Active Minds
Indiana's young people will have stimulating and nurturing environments that build on their individual experiences and expand their knowledge. Each young person will reach his or her own potential, gaining literacy and numeric skills that empower the lifelong process of asking questions, collecting and analyzing information, and formulating valid conclusions.

Building Spirit and Character
Indiana's young people will grow up learning to articulate values upon which to make ethical decisions and promote the common good. Within safe boundaries, children and youth will test limits and understand relationships between actions and consequences.

Building Creativity and Joy
Indiana's young people will have diverse opportunities to develop their talents in creative expression (e.g., music, dance, literature, visual arts, theater); to appreciate the creative talents of others; and to participate in recreational activities that inspire constructive, lifelong satisfaction.

Building a Caring Community
Indiana's communities will encourage their young people to see themselves as valued participants in community life. In addition to being recipients of services that express the communities' concerns for their safety and well-being, young citizens will become resources who will improve their surroundings, support the well-being of others, and participate in decisions that affect community life.

Building a Global Perspective
Indiana's children and youth will learn to see themselves as part of the global community, beyond ethnic, religious, racial, state, and national boundaries. In formal and nonformal educational experiences, they will have opportunities to become familiar with the history, political issues, languages, cultures, and ecosystems that affect global life and future well-being.

Building Economic Independence
Indiana's young people will be exposed to a variety of educational and employment experiences that will contribute to vocational and career options. Their formal and nonformal educational experiences will prepare them to make the transition from school to work, to contribute to the labor force, and to participate in an economic environment that will grow increasingly more complex and will require lifelong learning.

Building a Humane Environment
All children will have access to a physically safe environment, free from abuse, neglect, exploitation, and other forms of violence. They will have adequate housing and living conditions; safe neighborhoods; clean air, food, and water. Their environment will be free from toxins, drugs, alcohol, and tobacco. All children will have an opportunity to learn how to protect their environment for the future.

The
Indiana
Youth Institute
Working with adults
who care about youth

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kids
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The Indiana Youth Institute was established in 1988 as an independent, nonprofit center. IYI is an intermediary agency serving the youth of Indiana by supporting adults who care about youth. It provides youth serving adults and policymakers with research, training and advocacy. This publication is made possible in part by a KIDS COUNT grant from The Annie E. Casey Foundation.

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